

Inspection Report

27 August 2021



Sense Short Break Service

Type of service: Residential Care Home
Address: 51 Mallusk Road,
Newtownabbey, BT36 4RU
Telephone number: 028 9083 3430

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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/Registered Provider: SENSE Registered Person Mrs Colette Gray	Registered Manager: Mr Patrick Black Date registered: 23 April 2021
Person in charge at the time of inspection: Patrick Black – registered 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 is on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 27 August 2021, from 5.15 pm to 8.00pm by a care inspector.

The inspection assessed if the home was delivering safe, effective and compassionate care and if the service was well led.

It was evident that staff promoted the dignity and well-being of residents on the day of inspection. Staff were knowledgeable and well trained to deliver safe and effective care.

Areas requiring improvement were identified including; completion of quality monitoring audits, maintenance of equipment, addressing the actions from the fire risk assessment and completion of the Regulation 29 reports.

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

RQIA were assured that the delivery of care and service provided in Sense Short Break Service was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 and 'Tell Us' cards 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 the Manger at the conclusion of the inspection.

4.0 What people told us about the service

Two staff spoken with were positive about the care provided in the home and the support provided by the manager. Staff said that they worked closely with the family to ensure the resident's needs were met. Staff had no concerns about staffing levels or the care provided in the home.

One completed relative's questionnaire was received and confirmed that they were very satisfied that care in Sense Short Breaks Service was safe, compassionate, effective and well-led.

5.0 The inspection

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

The last inspection to Sense Short Breaks Service was undertaken on 19 April 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Additional training was provided in communication.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

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.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, activities including singing, dancing and playing music.

Staff told us that residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress including residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observation provided evidence that staff knew residents well and understood their individual ways of communicating.

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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, close supervision was provided when this was required. Examination of records and discussion with staff and the manager confirmed that the risk of falling and falls were well managed.

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 through to full assistance from staff.

During the dining experience music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that the meal and the dining experience was enjoyed. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The evening meal was observed to be a pleasant and unhurried experience.

Residents' needs were assessed 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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents or their representatives, 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 each residents' care needs and what or who was important to them.

Daily records were kept of how each 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 throughout. For example; residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Staff said the home was clean and regular cleaning was carried out so that the home was kept tidy and well organised. It was evident that the cleanliness of the home was a priority for staff.

The current fire risk assessment report for the home dated 22 February 2021 was forwarded to RQIA by the manager on 17 September by email attachment. In the report, the fire risk assessor outlined a number of fire safety related defects and rated the risk in the home from fire as 'Moderate'. The action plan of the report listed a number of remedial actions to be undertaken in order to reduce the risk from 'Moderate' to 'Tolerable'. Other correspondence forwarded to RQIA associated with the fire risk assessment indicated that a number of the actions, but not all, have been addressed. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home completed regular testing of staff and any outbreak of infection was reported to the Public Health Authority (PHA).

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.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Observation confirmed that residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late. Staff were also aware of residents preferred daily routine and activities through communication and discussion with relatives which was documented in the care records.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, 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 which were based on residents own choices and documented care records. The range of activities included singing, dancing, music and drawing and were provided on a one to one basis.

Staff recognised the importance of maintaining good communication with families and provided a summary report of the resident stay at the short breaks service. Visiting arrangements were in place were appropriate.

5.2.5 Management and Governance Arrangements

There was little evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. This was discussed with the manager who agreed to put regular monitoring audits in place for care records, wounds, nutrition, infection prevention and control and restrictive practices. An area for improvement was made.

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. The head of safeguarding was identified as the appointed safeguarding champion for the home. 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 a system in place to manage complaints. No complaints had been received by the home.

The telephone for the home was not in full working order and did not ring throughout the home. This requires repair or replacement and was discussed with the manager. An area for improvement as identified.

Staff commented positively about the manager and described him as supportive, approachable and always available for guidance.

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.

The reports were combined with the domiciliary service which is based in the same office. This was discussed with the manager who agreed to separate the reports for the two services. An area for improvement was identified.

6.0 Conclusion

The home was clean tidy and bright. The resident was comfortable and engaged with staff playing music and dancing to their favourite songs. Staff were aware of the resident's needs and non-verbal prompts.

The manager was available and offered support to staff throughout the inspection. Staff worked well as a team, and were aware of their roles and responsibilities.

Based on the inspection findings four areas for improvement were identified. Two were in relation to safe and effective care and two was in relation to the service being well led – details can be found in the quality improvement plan included.

7.0 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 (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	3	1

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2021</p>	<p>The responsible person must ensure that the risk from fire in the home has been reduced to 'Tolerable'. This should be confirmed by the specialist fire safety risk assessor. Note, the provider should refer to correspondence issued by RQIA to all care homes relating to competency of fire risk assessors. This can be found on RQIA website at https://www.rqia.org.uk/RQIA/files/28/287e003b-23fb-44ba-aec2-6b5644f6651c.PDF</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Following a revisit by the registered fire assessor the overall risk rating has been reduced to tolerable. This was possible due to remedial works which had been actioned in Spring 2021 as per the Fire Risk Assessment action plan</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 18(2)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible person shall provide for the purposes of the management of the home appropriate telephone facilities.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: This issue has been resolved following installation of a new phone system. To further improve communication a mobile is now in situ in the service to allow for direct and out of hours contact. The mobile number is 07563 026943</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible person shall prepare a written report on a monthly basis on the conduct of the home. This report will be in relation to the short breaks service.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Following feedback during the inspection visit, practice has changed and a separate report has been and will continue to be provided for this service only rather than as part of a wider community services report as previously provided.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible person shall ensure that working practices are regularly and systemically audited. This is in relation to audits for care records, wounds, nutrition, infection prevention and control and restrictive practices.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken: Following feedback received during the inspection our previous audit schedule has been adjusted to include: care records; wounds; nutrition; infection prevention and control and restrictive practices</p>

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