

Inspection Report

21 January 2023



SENSE Short Break Service

Type of service: Residential

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: SENSE	Registered Manager: Mr Patrick Black
Responsible Individual: Mrs Collette Gray	Date registered: 23 April 2021
Person in charge at the time of inspection: Sandra Duffy – Support Worker	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 is a two bedded residential care home that provides a short break service for people living with a learning disability or a sensory impairment. The home is located on the ground floor with office accommodated on the second floor.	

2.0 Inspection summary

An unannounced inspection took place on 21 January 2023, from 11.00 am to 3.00 pm 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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

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 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 Patrick Black, manager 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 and key workers to ensure the resident's needs were met. Staff had no concerns about staffing levels or the care provided in the home. One staff member only completed four questions on the online survey but did indicate a satisfied or very satisfied response regarding the care of the residents and how the service is managed. No questionnaires were returned within the allocated timeframe.

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 27 August 2021		
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) (a) Stated: First time	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	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 18 (2) (a) Stated: First time	The responsible person shall provide for the purposes of the management of the home appropriate telephone facilities.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Regulation 29 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 20.10 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

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. An overview of staff compliance with mandatory training was maintained and staff were reminded when training was due.

Review of records provided assurances that all staff were registered with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home. The duty rota identified the person in charge when the manager was not on duty. There was evidence that colours were used to identify for example; annual leave or sickness, however, there was no guide to explain to the reader the meaning of these colours; this was discussed with the manager who agreed to add this to the duty rota going forward.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising the resident's 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 the resident; they were respectful, understanding and sensitive to resident's needs. Observation provided evidence that staff knew the resident well and understood their individual ways of communicating.

Review of care records for regular respite users evidenced that care plans were developed in consultation with the resident, their next of kin and their key worker to direct staff on how to meet their needs. Any advice or directions by other healthcare professionals was included in the assessments and care plans which were regularly reviewed by staff. The care records accurately reflected the residents' needs.

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.

Discussion with staff and the manager confirmed how they try to make the resident feel at home as much as possible by facilitating usual routines and including the resident and family members in planning meals. The menus reviewed were varied and the staff encouraged and supported the residents to make healthy choices and to ensure fresh fruit and vegetables were incorporated into the mealtimes.

Daily records were kept of how each resident spent their day, what they had to eat and drink and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home environment included a review of the bedrooms, bathrooms, storage areas, communal lounge and the dining area. The home was observed to be warm, clean, well-lit and free from malodours. The two bedrooms were noted to be clean and suitably furnished.

Corridors within the home were clean and free from clutter. However, two fire doors were observed wedged open; one in an upstairs office and the other was the door leading to the lounge. This was discussed with the manager and an area for improvement was identified.

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.

There was a range of activities provided for residents by staff which were based on residents own choices and documented in individual care records.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

Staff members were aware of their role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff described the manager as very supportive and advised that they felt able to raise any concerns and were confident these would be resolved.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

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.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was a system in place to manage complaints. The manager said that complaints were seen as an opportunity to for the team to learn and improve.

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.

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**.

	Regulations	Standards
Total number of Areas for Improvement	1	0

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	
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 Response by registered person detailing the actions taken: we have removed door props and informed all staff to keep all fire doors shut at all times.

****Please ensure this document is completed in full and returned via Web Portal****



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