

# Unannounced Care Inspection Report 17 October 2018



## SENSE

**Type of Service: Domiciliary Care Agency**  
**Address: The Manor House, 51 Mallusk Road, Mallusk, BT36 4RU**  
**Tel No: 02890833430**  
**Inspector: Kieran Murray**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

SENSE is a domiciliary care agency which provides personal care, social support, emotional support and carer relief to three individuals with a sensory impairment and complex needs. The service users are supported by 13 staff.

**3.0 Service details**

<p><b>Organisation/Registered Provider:</b> SENSE</p> <p><b>Responsible Individual:</b> Mrs Collette Gray</p>	<p><b>Registered Manager:</b> Mr Patrick Black – Registration Pending</p>
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<b>Person in charge at the time of inspection:</b> Ms Donna Johnston - Deputy Manager Community Services	<b>Date manager registered:</b> 29 January 2018
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#### 4.0 Inspection summary

An unannounced inspection took place on 17 October 2018 from 9.45 to 16.45.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

#### Evidence of good practice was found in relation to:

- care reviews
- staff training and development
- staff supervision and my performance plans (MPP)
- complaints management

An area requiring improvement was identified in relation to staff inductions.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Ms Donna Johnston, Deputy Manager Community Services, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 26 October 2017

No further actions were required to be taken following the most recent inspection on 26 October 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report
- record of complaints
- record of notifiable incidents
- correspondence with RQIA
- concerns log

During the inspection the inspector met with the responsible person, deputy manager, one member of staff and a telephone conversation with one service users' representative. Following the inspection the inspector had a telephone conversation with one service user and one Trust professional.

The following records were examined during the inspection:

- a range of care and support plans
- HSCT assessments of needs and risk assessments
- care review records
- recording/evaluation of care used by the agency
- monthly quality monitoring reports
- team meeting minutes
- staff training records
- records relating to staff supervision
- records relating to my performance plan (MPP)
- complaints records
- incident records
- records relating to safeguarding of adults
- induction records
- staff rota information
- recruitment policy
- a range of policies relating to the management of staff
- supervision and my performance plan (MPP) policy
- induction policy
- safeguarding vulnerable adults policy
- risk management policy
- whistleblowing policy
- policy relating to management of data
- complaints policy
- Statement of Purpose
- Service User Guide.

At the request of the inspector, the deputy manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. One response was received and the responses are reflected in the report.

The inspector requested that the deputy manager place a 'Have we missed you...?' card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 26 October 2017

The most recent inspection of the agency was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 26 October 2017

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The inspector reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and that these are satisfactory.

The agency's has an induction programme which was reviewed by the inspector. On examination of induction records it was not clear that all staff had received an induction programme lasting at least three days which is in accordance with the timescales detailed within the Regulations. An area for improvement has been made in relation to Regulation 16 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

#### Staff comments:

- "I have no problem with the rota."
- "I don't recall being supernummary."

Staff rotas viewed and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Staff spoken to on the day of the inspection advised the inspector that vacant shifts are covered by the care workers and the management team.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults in accordance with the regional guidance 'Adult Safeguarding Prevention in Partnership' July 2015. The inspector received feedback from the deputy manager and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear lines of accountability. On the day of the inspection the inspector noted that there had been no safeguarding referrals made since the previous inspection 26 October 2017.

Examination of records indicated that a system to ensure that staff supervision and my performance plans (MPP) are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and that they would be working towards completing their first my performance plan (MPP); records provided to the inspector confirmed that my performance plans (MPP) were planned and completed in line with policy and procedure.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the agency's training plans which indicated compliance with regulation and standards. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Dysphagia and Brain Injury training.

The feedback received from staff indicated that they were aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

#### **Service user comments:**

- "I have regular carers now."

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

There were no restrictive practices in place on the day of the inspection.

On the day of the inspection the inspector reviewed the process for reporting and management of incidents within the agency. There had been a number of incidents since the previous inspection on 26 October 2017; records provided to the inspector confirmed that they were managed in accordance with the agency's policy and procedure.

The inspector noted that the agency had received one complaint since the last inspection on 26 October 2017. This was managed within policy and procedure.

The inspector evidenced that a review of service users’ needs took place yearly or sooner if required.

The inspector spoke to one service user following the inspection and they stated that they were ‘very satisfied’ that care was safe.

Of one response returned by staff, they indicated they were ‘satisfied’ that care was safe.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, supervision, my performance plan (MPP) and adult safeguarding.

**Areas for improvement**

An area for improvement was identified during the inspection in relation to staff inductions.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The agency’s arrangements for appropriately assessing and meeting the assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the agency’s Statement of Purpose (2018) and Service User Guide (2018).

The inspector reviewed two service users’ individual care and support plans. The inspector was informed that care and support plans are reviewed three monthly or sooner. The deputy manager informed the inspector that multi-disciplinary reviews with the HSCT representatives took place on a yearly basis or sooner if needed. The inspector examined documentation for both processes and the records were noted to be satisfactory.

The agency maintained recording templates in each service user’s home file on which care workers recorded their visits. On examination of records the inspector noted that a small number of correction practices which were not in keeping with policy and procedure. The inspector requested the deputy manager add an agenda item to the forthcoming staff meeting agenda in relation to recording keeping and appropriate correction methods.

Staff interviewed on the day of the inspection confirmed they were provided with details of care required for each service user.

**Service user comments:**

- “I get to attend my reviews.”

**Relative comments:**

- “I attend reviews and I get to agree with what is being discussed.”

A service user's relative informed the inspector that they had some issues with service provision but this had been resolved via the complaints procedure.

**Staff comments:**

- "Every shift I write a note."
- "Team meetings happen every two months."

**HSCT Community professional comments:**

- "There is good joined up working at service user reviews."

Feedback received by the inspector from staff and service users' indicated that service users or their relatives: have a genuine influence on the content of their care plans.

The agency's quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included details of consultation with a range of staff, relatives as appropriate and community keyworkers, and progress on improvement matters. Monthly quality monitoring is undertaken by a monitoring manager who has a good working knowledge of the service.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The deputy manager and staff described effective verbal and written communication systems with the staff team.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate community professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including speaking with service users on a daily basis and being available for discussion. Staff who spoke to the inspector outlined their understanding of service user's choice, dignity, and respect.

Review of team meeting records indicated that team meetings took place on a two to three monthly basis; the deputy manager and staff who spoke to the inspector verified this. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

The inspector reviewed the annual quality report for 2016/2017 with positive results. The responsible person advised the inspector that the annual quality report for 2017/2018 will be completed and available for review at next inspection.

Advocacy service information was available in the Statement of Purpose for service users to contact if necessary.

The inspector spoke to one service user following the inspection and they stated that they were 'very satisfied' that care was effective.

Of one response returned by staff, they indicated they were 'satisfied' that care was effective.



## Areas of good practice

There were examples of good practice identified throughout the inspection in relation to care records, audits and reviews, spot checks, de-briefing/counselling sessions, communication between service users and agency staff and other key stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of community professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff.

It was evident that the agency's staff and community keyworkers promote the independence, equality and diversity of service users.

Feedback from staff who spoke to the inspector indicated that they had developed knowledge of individual service users through careful observation and interaction over time.

### Relative comments:

- "The girls tell me where they will next be back to take XXX out for the day."

The inspector spoke to one service user following the inspection and they stated that they were 'very satisfied' that care was compassionate.

Of one response returned by staff, they indicated they were 'very satisfied' that care was compassionate.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established have been implemented at the agency. The day to day operation of the agency is overseen by the manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system available to all staff.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The deputy manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication

- service user involvement
- advocacy
- equity of care and support
- individual person centred care
- individualised risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the SHSCT referral information.

The agency maintains and implements a policy relating to complaints and compliments.

There are effective systems of formal supervision and my performance plan (MPP) within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The agency maintains a quality monitoring system which provides a thorough standard of monitoring in accordance with RQIA guidance.

#### **Service user comments:**

- “I know all the managers.”

#### **Relative comments:**

- “My complaint was handled well by XXX.”

#### **Staff comments:**

- “Managers are very supportive.”
- “I know the structure in the agency.”

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

The inspector spoke to one service user following the inspection and they stated that they were ‘very satisfied’ that the service was well led.

Of one response returned by staff, they indicated they were ‘satisfied’ that the service was well led.

#### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Donna Johnston, Deputy Manager Community Services, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16 (5) (a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that-</p> <p>(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days; and</p> <p>(b) during that induction training-</p> <p>(i) the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person;</p> <p>(ii) a member of staff (“the staff member”) who is suitably qualified and experienced, is appointed to a supervise the new worker;</p> <p>(iii) the staff member (or another suitably qualified and competent person if the staff member is unavailable) will always be available to be consulted while the new worker is on duty; and</p> <p>(iv) subject to the consent of the service user, the staff member makes arrangements to observe, on at least one occasion, the new worker carrying out his duties.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> A review has been undertaken in relation to the delivery of induction and the recommendations have formed part of the new training procedure to ensure that the service is complaint with this regulation.</p>

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



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