

Announced Care Inspection Report 21 January 2021



SENSE

Type of Service: Domiciliary Care Agency
Address: The Manor House, 51 Mallusk Road, Mallusk, BT36 4RU
Tel No: 028 9083 3430
Inspector: Corrie Visser

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency which provides personal care and social support, emotional support and carer relief to nine individuals with a sensory impairment and complex needs within the Northern Health and Social Care Trust (NHSCT), Belfast Health and Social Care Trust (BHSCT), South Eastern Health and Social Care Trust (SEHSCT) and Southern Health and Social Care Trust (SHSCT) areas. Service users are supported by 35 staff.

3.0 Service details

Organisation/Registered Provider: SENSE Responsible Individual: Mrs Colette Gray	Registered Manager: Mr Patrick Black
Person in charge at the time of inspection: Mr Patrick Black	Date manager registered: 21 October 2020

4.0 Inspection summary

An announced inspection took place on 21 January 2021 from 09.40 to 12.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. Since the date of the last care inspection, RQIA received a small number of notifiable incidents. Whilst RQIA was not aware of any associated risks to the service users a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

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

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 which is maintained by the agency in relation to the safeguarding of adults.

On the day of the inspection it was noted that a small number of incidents had taken place since the previous inspection on 16 September 2019. We examined the records and found that the agency had dealt with the incidents in accordance with its own policy and procedure.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received six complaints since the last inspection. The complaints reviewed were dealt with satisfactorily that show positive outcomes for the complainants.

Evidence of good practice was found in relation to staff registrations with the Northern Ireland Social Care Council (NISCC), management of complaints, supervision and appraisals of staff and communication with stakeholders.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Patrick Black, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 16 September 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 September 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, returnable QIP, notifiable events, and written and verbal communication received by RQIA since the previous care inspection.

During and following our inspection we focused on contacting the service users' relatives, staff and professionals to obtain their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland. Updated 16 June 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. No service user/relative questionnaires were received and four staff responses were received.

Following the inspection we communicated with two staff members, four service users' relatives and five professionals.

No areas for improvement were identified during this inspection.

We would like to thank the manager, service user's relatives, staff and professionals for their support and co-operation throughout the inspection process.

6.0 The inspection

Areas for improvement from the last care inspection dated 16 September 2019		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.12 Stated: First time	The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in the process.	Met
	Action taken as confirmed during the inspection: We reviewed the annual report during the inspection and noted that the quality of services has been reviewed and evaluated on an annual basis with feedback from key stakeholders. Any action identified was followed up in a timely way.	
Area for improvement 2 Ref: Standard 13.5 Stated: First time	Staff have recorded appraisals with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.	Met
	Action taken as confirmed during the inspection: We reviewed the appraisal matrix for the staff members and it was noted that all staff had had their annual appraisal to review their performance and personal development plans in line with procedures.	
Area for improvement 3 Ref: Standard 15.10 Stated: First time	Records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the actions taken.	Met
	Action taken as confirmed during the inspection: We reviewed the complaints received since the previous inspection and it was noted that every complaint was fully investigated, the actions taken were recorded and the satisfaction of the complainant was noted.	

6.1 Inspection findings

Recruitment:

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources (HR) department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to AccessNI. Once the pre-employment checks are completed, HR send an email to the manager advising that a start date can be issued. The manager also retains a checklist to ensure everything is completed and any follow up with a candidate is progressed prior to a start date being given. This ensures that the persons employed are suitable to be working with service users.

We reviewed the agency's matrix to monitor staff registration with NISCC and confirmed that all staff were currently registered with the relevant professional body. The manager reported that the register is checked on a regular basis and reminders are sent to all staff who are due to renew their registration. The manager and staff confirmed that they were aware they are not permitted to work if their NISCC registration lapses.

We were unable to consult with service users following the inspection due to communication difficulties however we did consult with four service users' relatives and their comments included:

- "I am very happy indeed with the care my relative gets."
- "I'm happy."
- "I'm glad my relative has got the vaccination for Covid-19."
- "My relative looks forward to coming home but also enjoys returning to Sense."
- "My relative needs more activities to keep him occupied but Covid-19 has stopped this."
- "I am very happy."
- "There were a few hiccups at the beginning but my relative has now settled."
- "The staff are very patient."
- "The staff are open to discussing with us if anything has happened."
- "My relative is very well looked after."
- "The carers are very approachable."
- "We have noticed a positive change since our relative moved to Holly House."
- "The carers have a good relationship with our relative."
- "As long as our relative is happy, we are happy."

Comments from care workers included:

- "I have truly enjoyed working alongside the team at Holly House and getting to know all the residents whom I have grown to care for a great deal."
- "The staff team in Holly House are exceptionally compassionate and committed to the service users in Holly House despite the challenges faced."
- "As a team we are very caring and compassionate."
- "It is a learning process of all of us when a new service user comes to live here."
- "I have a great team."
- "It's a great job."
- "Great training."
- "We have monthly team meetings."
- "I was very impressed with my induction and the practical training."

- “I am happy with the working of Sense.”
- “I have monthly reviews with the manager and have got feedback from the service users and my team on my working relationship with them which was positive.”
- “We all work well as a team.”
- “The manager is always at the end of the phone.”
- “The manager is very approachable and very supportive and the door is always open.”
- “It is important to build up trust and a relationship with the service users.”

Comments from professionals included:

- “Generally communication with Sense is very good and appears to be so with the service user’s family as well.”
- “They continue to provide a significant package of care for my service user. Any issues of concern are generally shared with the key worker, the behaviour team in the Trust and the service user’s next of kin and are dealt with swiftly.”
- “Sense always attend care reviews and provide the appropriate documentation which is always of a high standard.”
- “They provide a very person centred service and appear to have dealt with covid issues in a very organised and responsive manner.”
- “Sense provides my service user with structure to their week to develop their social, educational and emotional skills, with the main aim to achieve a level of independence.”
- “Sense staff remain very supportive of my service user’s needs.”
- “The manager and registered manager are always approachable and will respond to any queries in a timely way.”
- “The manager has been present at all care plan reviews and will provide a detailed overview of care needs and what is working/not working for my service user.”
- “Sense have provided my service user’s family with an in-depth personalised service to ensure the service user’s needs are met appropriately right down to managing challenging behaviours and ensuring that support workers are well tuned in to my service user’s needs and care plan. Even in difficult and challenging circumstances, they are always trying to think one step ahead to sort any potential problems before they formally become issues. The amount of planning that went into this particular transfer was quite impressive.”
- “Always responsive to difficult situations and keep in regular contact with updates and send through any incident reports when necessary. They are invested in building relationships and have worked closely with ISS within BHSCT as well in regards to my service user.”
- “I would not have anything but positive reports to express about Sense as a provider in general.”
- “Sense work to really high standards.”
- “They are good at updating me, even about the smallest thing.”
- “The team is so dedicated.”
- “My service user is thriving.”
- “Very person centred.”
- “The reviews are the best I have ever attended. They are very person centred and are all about the service user. They also allow for the service user to interact throughout the review and enable the service user, who is blind, to touch the board so that they are kept up to date with their care.”
- “I couldn’t say one bad thing about the organisation. They are the best service I have dealt with.”
- “The staff team are very balanced and pull out positive despite the challenges.”
- “There has been a consistent staff team with my service user which has been beneficial.”

- “The staff team have followed and implemented advice, guidance and interventions I have suggested.”
- “Working alongside the staff team has been very positive.”
- “The staff team are very positive when talking about my service user.”
- “The staff team would be quite resilient and have engaged in reflective practice sessions.”

Four staff responses were received and the respondents reported they were ‘very unsatisfied’ or ‘unsatisfied that the care being delivered was safe, effective, compassionate and well led. One respondent, however, did state that they were ‘satisfied’ that the care was compassionate. This feedback and comments from the care workers were discussed with the responsible individual who provided reassurance and information to us that they were liaising closely and regularly with the behaviour team and psychiatrist in relation to service users. It was also discussed that they were reconsidering the structure of the management system currently in place within the service and were planning to recruit a deputy manager to support the care workers further. A team meeting had also been arranged to keep the staff team up to date with the actions that are currently being progressed by management.

Covid-19

We spoke to the registered manager, manager and to two staff members who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance.

It was discussed that the Multi-Sensory Impairment Practice Advisor was undertaking formal assessments of all staff in the areas of hand washing and the donning (putting on) and the doffing (taking off) of PPE to ensure they are following the guidance from the PHA and all assessed staff were deemed compliant.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- dissemination of information to staff
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19
- PPE storage and disposal
- staff training and guidance on IPC and the use of PPE equipment in line with guidance.

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

Based on feedback it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. During discussion with staff it was positive to note that they are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19. It was also positive to note that the staff were attuned to the needs of the service users, in particular their sensory needs with regards to the PPE and alternate methods were implemented.

Areas of good practice

Evidence of good practice was found in relation to staff registrations with the Northern Ireland Social Care Council (NISCC), management of complaints, supervision and appraisals of staff and communication with stakeholders.

Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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