



The Regulation and
Quality Improvement
Authority

SENSE
RQIA ID: 11004
Units 4,5,6
Meadowbank Road, Carrickfergus
BT38 8YF

Inspector: Louise McCabe
Inspection ID: IN23318

Tel: 02893355665
Email: kathryn.robinson@sense.org.uk

**Unannounced Care Inspection
of
SENSE**

25 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 25 August 2015 from 09.30 to 16.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

The details of the QIP within this report were discussed with Mrs Kathryn Robinson, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: SENSE/Mrs Collette Gray	Registered Manager: Ms Kathryn Robinson
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Kathryn Robinson	Date Manager Registered: 7 December 2009
Number of Service Users Accommodated on Day of Inspection: 11	Number of Registered Places: 18

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes were used in this inspection. Prior to the inspection, the following records were examined:

- the registration status of the service
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector met with six service users and had discussions with five staff.

The following records were examined during the inspection:

- One complaints
- Four accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Five service users care files
- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 15 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 4.3</p>	<p><u>Assessments</u></p> <p>The manager must ensure:</p> <p>(a) the two identified service user assessments are dated;</p> <p>(b) all completed service user assessments are reviewed as necessary, dated, signed by the member of staff responsible for it's review and the manager.</p> <p>Action taken as confirmed during the inspection: The manager confirmed on the completed QIP the two identified service user's assessments were dated. A sample of five service user's care files showed these were also dated, signed by the staff member completing it and the manager.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 5.3</p>	<p><u>Care Plans</u></p> <p>The manager must ensure:</p> <p>(a) the identified service user's care plan is reviewed and updated;</p> <p>(b) ensure the summary template at the front of service user's care files regarding staff reviews of service user's care plans is completed.</p> <p>Action taken as confirmed during the inspection: The manager confirmed the identified service user's care plan was reviewed and updated. Review of five service user's care files showed a new care plan format was introduced in July 2015 and is now used in the service.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 6.5</p>	<p><u>Behavioural Support Guidelines</u></p> <p>The identified service user's draft 'Behavioural Support Guidelines' dated 8 June 2013 (received by the day centre in July 2014) are ratified, reviewed, dated and signed by all necessary individuals.</p> <p>Action taken as confirmed during the inspection: This was completed on 26 February 2015.</p>	<p>Met</p>

<p>Recommendation 4</p> <p>Ref: Standard 21</p>	<p><u>Staff Training</u></p> <p>The manager should ensure all staff receive awareness training and information on:</p> <ul style="list-style-type: none"> • Sense’s Data Protection Policy; • Guidance on Protecting Personal Data; • Protecting Sense and Information on Handling Guidance with Staff; • Process of how service users request access to their personal information; • An overview of Human Rights legislation; <p>Sense’s Mental Capacity and Decision Making Procedure and the Deprivation of Liberty Safeguards and how these are integrated into practice</p> <p>.</p> <p>Action taken as confirmed during the inspection: Management in Sense provided information and awareness training on all of the above via power point presentations to staff on 14 April 2015.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 18</p>	<p><u>Policies and Procedures</u></p> <p>The registered person must ensure:</p> <p>(a) Sense’s Accident and Incidents Procedure and Guidance is reviewed to include the need to report to RQIA under Regulation 29 of the respective legislation;</p> <p>(b) Sense’s Health and Safety Policy and Arrangements is reviewed to include reference to the Northern Ireland legislation e.g. Health and Safety at Work (Northern Ireland) Order 1978 and amended order 1988.</p> <p>Action taken as confirmed during the inspection: The manager amended Sense Meadowbank’s internal procedures on 1 May 2015 regarding accidents and untoward incidents and the reporting of same. However the organisation’s policies and procedures referred to in (a) and (b) have not been updated. The manager informed the inspector the Head of Health and Safety has left the post and has not yet been replaced. This will be restated in the QIP.</p>	<p>Not Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 17.10</p>	<p><u>Monthly Monitoring Visits</u></p> <p>The registered person must ensure monthly monitoring visits are consistently completed in Sense. If the designated individual is unable to undertake this, arrangements must be in place for other designated individuals to undertake these.</p> <p>Action taken as confirmed during the inspection: The completed QIP stated the designated registered person was on sick leave at this time. Should this situation reoccur, arrangements are in place for another designated individual to undertake the monthly monitoring visits of Sense Meadowbank.</p>	<p>Met</p>
<p>Recommendation 7</p> <p>Ref: Standard 25.1</p>	<p><u>Environment</u></p> <p>In the interests of infection control, the identified toilet seat must be replaced. Consideration should be given to replacing it with an appropriate colour contrasting seat for visually impaired individuals.</p> <p>Action taken as confirmed during the inspection: The toilet seat was replaced on 16 January 2015.</p>	<p>Met</p>

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

The day service has corporate policies and procedures pertaining to assessment, care planning and review. There are also associated guidance and information available for staff.

Sense's policies and procedures regarding standard 5 were:

- Assessment, Care Planning and Review
- Infection Prevention and Control Procedures
- Continence Management policy.

The Assessment, Care Planning and Review procedure should be reviewed and amended to reflect minimum standard 5. The Continence policy was brief and in consultation with staff and service users should be reviewed and amended so it:

- promotes independence,
- incorporates care planning,
- is linked to personal protective equipment (PPE) and infection prevention and control

- reflects the quality of information that should be in a service user's care plan regarding the name, type and size of continence product and where these are stored.

The review of policies and procedures was an identified area for improvement.

A number of service users attending Sense have either a visual or hearing impairment or both which may result in limited or no verbal speech. Staff, where appropriate and safe, encourage and enable service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach was used with service users.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support and assistance with their personal care. Discussions with service users able to verbally articulate their views and opinions concluded staff were discreet when approaching them to provide support and assistance; they were sensitive and respectful; they preserve their dignity and that they try their best to make them feel at ease and comfortable throughout the personal care process. Service users stated "care staff support them very well". No issues were raised.

It can be concluded care was safe in Sense.

Is Care Effective?

The care inspector reviewed five service user's care plans and focused on the quality of information pertaining to continence promotion and support. Care plans were reviewed by staff with service users on a systematic basis or when changes occurred.

Five care staff informed the care inspector that in early July 2015, the manager and deputy manager facilitated an awareness training session on continence awareness via DVD presentations and questionnaires. Staff said they found this very interesting, they learned from it and that it generated a lot of discussion between them.

Discussions with five care staff concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users who have a cognitive or hearing impairment. Staff described how they ensured service user's privacy and dignity were respected; and were knowledgeable about personal protective equipment and where continence products are stored. Staff explained some service users only need staff support to orientate them to the bathroom; others need one staff member and some require the help of two staff. Several service users have a preference regarding the bathroom they use. Discussions with staff conclude they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

The care inspector's review of five service user's care plans showed these to be person centred, comprehensive and reflective of the individual's needs. However, improvements are needed to ensure the personal care/continence sections in care plans fully reflect the service user's needs and preferences. Where relevant, the revised care plans should reflect:

- How the service user is approached
- The language used by staff
- If a preferred bathroom is used

- The name and size of continence product used and where this is stored
- The name and type of equipment used and the type and size of sling
- The number of staff needed to provide assistance
- The level of staff support and assistance needed
- If a change of clothes is available and where these are located.

Two identified service user's care plans had not been signed by the staff member completing it or the manager. There was evidence that care plans had been amended to fully reflect the service user's current needs, however these had not been re-signed by either the service user or their representative; the staff member completing it or the manager. When care plans are reviewed and amendments are made, they must be re-signed by all relevant individuals. These areas were discussed with the manager.

It can be concluded care was effective in Sense, however improvements are needed to ensure full compliance with standard 5.

Is Care Compassionate?

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

The inspector met with a total of six service users during the inspection, either individually or in couples. Observations of interactions between service users and care staff reflected they were treated with respect and kindness. Discussions with six service users concluded staff were sensitive and respectful if they need support or assistance with going to the toilet. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

A discussion took place with staff regarding information contained in one identified service user's care file. The manager was advised to liaise with the named worker of the identified service user so arrangements can be made for him/her to have an independent advocate. The independent advocate's role would include representing his/her wishes and preferences regarding his/her choice of day care and arrangements.

It can be concluded care was compassionate in Sense.

RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

Questionnaire's issued to	Number issued	Number returned
Staff	5	2
Service Users	5	2

Review of completed questionnaires evidenced all of the service users were either very satisfied or satisfiated regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre. No qualitative comments or areas of concern were recorded.

Completed staff RQIA questionnaires stated they were either very satisfied or satisfied with:

- the training received by Sense in core values;
- communication methods;
- mental health including dementia;
- continence management;
- access to continence products;
- personal protective equipment (PPE);
- how to assist and support a service user with their personal care needs.

The overall assessment of this standard shows the quality of care was compassionate, safe and effective.

Areas for Improvement

Three identified areas for improvement are needed regarding RQIA's review of standard 5. These concern the review of:

1. The Continence Management and Assessment, Care Planning and Review policies.
2. Service user's care plans.
3. Liaison with an identified service user's named worker.

Number of Requirements:	0	Number of Recommendations:	3
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

The day service has corporate policies and procedures pertaining to service user involvement; communication and complaints. There are also associated guidance and information available for staff. The following procedures were in place:

- Involvement of Deaf Blind Individuals in the Running of the Centre
- Listening and Responding to Service User's Views
- Planning and Reviewing Programmes and Activities
- Complaints policy
- General Communication Arrangements
- Communications with Carers and Representatives.

Discussions with six service users, five staff and the manager reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. The inspector's discreet observations of staff interactions with service users concluded safe care was delivered in Sense.

Is Care Effective?

Discussions with the manager, six service users and review of documentation show management and staff actively encourage service user involvement in all aspects of their work. It was acknowledged by the inspector this can be challenging for management and staff as many of the service users attending the centre were unable to verbally express their views and opinions due to the nature of their sensory impairment or complex needs.

Examples were given by service users who were able to verbalise their views and opinions of how staff ensured these were obtained for example:

- there is a suggestion box in the reception area;
- informal discussions with staff;
- individual service user activity request proformas;
- individual monthly meetings with service users;
- annual quality assurance surveys;
- annual review of their day care placement.

At the time of the inspection there were no formal service users' meetings being held and no records or minutes of the informal discussions with groups. The manager said this was an identified area for improvement and was discussed with staff and service users. There are plans in place for service users from different groups in the centre to be asked if they would like to represent their group in a wider meeting. It is intended the service user group meetings will occur on a four to six week basis and assurances were given that records will be maintained of these. A discussion took place with the manager the minutes of service users' meetings should contain:

- an agenda,
- the names of the service users who attended,
- a summary of discussions
- details of who would be taking action.

There was evidence that service users views and opinions are sought and form the basis of all discussions.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of five service user's annual review reports took place during this inspection. Two of the five review reports did not contain either the service user's or their representative's views and opinions of the day service. This was discussed with the manager, service user's annual review reports should contain all of the relevant information specified in standard 15.5. This is an identified area for improvement.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user survey was distributed to service users and their representatives in 2014. The surveys encompassed all aspects of day care.

An evaluation report had been completed, it was informative and qualitative. A summary of qualitative comments were included. There were no areas for action identified.

Complaints

Since the previous care inspection, one complaint had been recorded in Sense's complaints record. This had been investigated and the complaints record was being maintained in accordance with minimum standard 14.10.

Discussions with service users who were able to articulate their views and opinions concluded they are aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Compliments

Four compliments received since the service's previous inspection were randomly sampled.

Monthly Monitoring Reports

Three monthly monitoring reports were reviewed during this inspection. The monthly monitoring reports were qualitative and informative and reflected the views and opinions of service users and their carers/representatives.

It was concluded the quality of care provision in Sense was effective, however improvements are needed in identified areas.

Is Care Compassionate?

Discreet observations of care practices found that service users' were treated with respect, kindness and care.

Discussions took place with a total of six service users, individually or in groups of two. Observations of interactions between service users and care staff reflected they were treated with respect and kindness. Service users said they enjoyed attending Sense and there are lots of things to do. They said staff support them well and they have lots of choices. Service users also said staff frequently ask them for their views and opinions about different aspects of the Sense service.

A sample of the comments made by service users about the day service included:

- *"I love it here, you have lots of choices."*
- *"The best thing about here is the hand and foot massages I get."*
- *"I like it here, everyone is good. There's lots of things to do."*
- *"The staff are good and kind to us. They listen to what we have to say."*

No concerns were raised.

RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

Questionnaire's issued to	Number issued	Number returned
Staff	5	2
Service Users	5	2

Review of the questionnaires indicated all of the service users were either very satisfied or satisfied regarding the areas of 'is care safe, effective and compassionate' which related to the quality of care provision and that their views and opinions were sought.

It can be concluded the quality of care provision in Sense was safe, effective and compassionate.

Areas for Improvement

Three areas for improvement were identified as a result of this standard. These regarded:

1. Review of identified policies and procedures.
2. Establishing a service users group and commencing meetings.
3. Service user's annual review reports.

Number of Requirements	0	Number Recommendations:	3
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5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

Four accident and untoward incident forms were randomly sampled during this inspection. The service's accident and untoward incident records were being maintained in accordance with regulation 29.

5.5.2. Returned Staff RQIA Questionnaires

Two completed staff RQIA questionnaires were returned. Review of these indicated staff were either very satisfied or satisfied regarding the areas of 'is care safe, effective and compassionate.' The following qualitative comments were made in the questionnaires:

- *"The centre provides a very good range of training and are very efficient in ensuring staff receive mandatory annual training when it is due."*
- *The manager "always informs staff of any changes and or amendment to organisation's policies."*
- *"I think this day service has an excellent, efficient service to offer it is very well run and ensures staff receive a good level of training."*

5.5.3. Environment

The inspector undertook a tour of Sense. The general décor and furnishings were fit for purpose and there were displays of service user's photographs, art work and pictures on walls and notice boards around the centre. The centre was observed to be clean, tidy and well maintained. There were numerous potted plants and flowers around the external front of the premises.

Areas for Improvement

No areas for improvement were identified as a result of examination of the additional areas.

Number of Requirements	0	Number Recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Kathryn Robinson, manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be Completed by: 26 October 2015 for (a) Immediate and ongoing for (b) 2 September 2015 for (c)</p>	<p>The manager should ensure service user's care plans:</p> <p>(a) Are signed by the staff member completing it, the service user or where appropriate their representative and the manager.</p> <p>(b) When care plans are reviewed and amendments are made, they must be re-signed by all relevant individuals.</p> <p>(c) Where individual's have continence support needs, the name, size and type of pad should be specified.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Actions under(a) are underway and will be concluded by 26 October 2015 Actions under (b) have been actioned and will be taken forward on an ongoing basis Actions under (c) have been actioned</p>
<p>Recommendation 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The manager should liaise with the named worker of the identified service user so arrangements can be made for him/her to have an independent advocate to represent his/her wishes and preferences regarding their day care placement.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Action - Issue was raised by named worker and agreed as a target, however to date no-one has been identified</p>
<p>Recommendation 3</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The manager should ensure service user meetings take place on a regular basis. Minutes should be made and reflect:</p> <ul style="list-style-type: none"> • who attended • an agenda • a summary of discussions • the action to be taken • the subsequent minutes should state the outcomes of the action taken from the previous meeting. <p>Response by Registered Person(s) Detailing the Actions Taken: Two meetings have taken place and minutes reflect the above</p>

<p>Recommendation 4</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p> <p>To be Completed by: 10 September 2015</p>	<p>The manager should ensure service user's annual review reports reflect service user's views and opinion of the day service and all other relevant information specified in standard 15.5. Consideration should be given to devising a new annual review report template.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: New template devised and in use by 9th September 2015</p>		
<p>Recommendation 5</p> <p>Ref: Standard 18</p> <p>Stated: Second time for (a) and (b) First time for (c) – (e) inclusive</p> <p>To be Completed by: 26 November 2015 for all</p>	<p>The registered person and manager should ensure:</p> <ul style="list-style-type: none"> (a) Sense's Accident and Incidents Procedure and Guidance is reviewed to include the need to report to RQIA under Regulation 29 of the respective legislation; (b) Sense's Health and Safety Policy and Arrangements are reviewed to include reference to the Northern Ireland legislation e.g. Health and Safety at Work (Northern Ireland) Order 1978 and amended order 1988. (c) Review and update the day centre's Continence Management policy so it promotes independence, incorporates care planning, is linked to staff use of personal protective equipment (PPE), infection prevention and control and reflects the quality of information that should be in a service user's care plan regarding the name, type and size of continence product and where this is stored. Staff and service users; where appropriate should be involved in this. (d) Assessment, Care Planning and Review Procedures to reflect minimum standard 5. (e) Review and update the day centre's Planning and Reviewing Programmes and Activities procedure so it incorporates minimum standard 15.5. <p>Response by Registered Person(s) Detailing the Actions Taken: a & b Requested changes have been made and are awaiting approval from Sense's Health and Safety and Policy Standards and Compliance Teams</p> <p>c,d & e have been completed</p>		
<p>Registered Manager Completing QIP</p>	<p>Kathryn Robinson</p>	<p>Date Completed</p>	<p>8/10/15</p>
<p>Registered Person Approving QIP</p>	<p>Colette Gray</p>	<p>Date Approved</p>	<p>8/10/15</p>
<p>RQIA Inspector Assessing Response</p>	<p>Louise McCabe</p>	<p>Date Approved</p>	<p>16.12.15</p>

Please ensure the QIP is completed in full and returned to day.care@rqia.org.uk from the authorised email address