



Unannounced Care Inspection Report 6 February 2020



SENSE

Type of Service: Residential Care Home
Address: 41 Edenvale Avenue, Carrickfergus, BT38 7NP
Tel no: 02893362792
Inspector: Heather Sleator

www.rqia.org.uk

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 10 residents who have a sensory impairment.

3.0 Service details

Organisation/Registered Provider: SENSE Responsible Individual: Collette Gray	Registered Manager and date registered: Senga Knox – Registration pending
Person in charge at the time of inspection: Senga Knox	Number of registered places: 10
Categories of care: Residential Care (RC) SI – Sensory impairment.	Total number of residents in the residential care home on the day of this inspection: 10

4.0 Inspection summary

An unannounced inspection took place on 6 February 2020 from 10.30 hours to 17.00 hours.

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

Evidence of good practice was found in relation to staff attentiveness to residents and the delivery of care which took into account personal choice for residents. Residents were enthusiastic and well informed of the planned activities. Staff were knowledgeable of the needs of the residents and worked well as a team to deliver the care residents' required. The environment was homely and comfortable. Effective systems were in place to provide the manager with oversight of the services delivered.

Areas for improvement under the regulations were identified regarding the completion of competency and capability assessments for any staff member in charge of the home in the absence of the manager.

Areas for improvement under the care standards were identified regarding the accurate completion of care records, implementing robust cleaning arrangements and cleaning schedules, the management of the communal patio area and the Regulation 29 monthly quality monitoring reports.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Senga Knox, Manager, 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 inspection dated 20 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 20 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 27 January 2020 to 6 February 2020
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records

- two staff recruitment and induction files
- two resident care records
- a sample of governance audits/records
- complaints record
- minutes of staff meetings
- reports of the monthly quality monitoring reports from November 2019 to January 2020.
- RQIA registration certificate
- Statement of Purpose
- selected policy documentation

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

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 last care inspection dated 20 September 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20.1 Stated: First time	The registered person shall ensure that adequate numbers of staff are recruited to fully meet the care requirements of all residents.	Met
	Action taken as confirmed during the inspection: The review of the staff duty rotas and discussion with staff evidenced that there were sufficient staff on duty to meet the needs of the residents. The manager stated that there was currently one staff vacancy and recruitment was ongoing for this post.	
Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all reportable accidents/incidents are reported to RQIA in a timely manner.	Met
	Action taken as confirmed during the inspection: The review of accident and incident recording was assessed against the information received by RQIA and the data was correct. RQIA had been informed in a timely manner regarding all notifications.	

<p>Area for improvement 3</p> <p>Ref: Regulation 3.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the Statement of Purpose is updated to reflect the current management and staffing.</p> <hr/> <p>Action taken as confirmed during the inspection: The Statement of Purpose was reviewed and it evidenced that the required information was present and that the document reflected the current arrangements of the service.</p>	<p>Met</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 41.8</p> <p>Stated: First time</p>	<p>The registered person shall organise regular staff meetings designed to address staff's concerns.</p> <hr/> <p>Action taken as confirmed during the inspection: The review of the minutes of staff meeting evidenced that the number of meetings had significantly increased from the time of the appointment of the manager Senga Knox. Records evidenced that there had been six team leader meetings and four support worker meetings from the time of the last inspection of September 2019.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The registered person shall liaise with the relevant Trust to ensure provision of help and advice in relation to a named resident.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and a review of supporting documentation evidenced that there had been meetings with the multidisciplinary team in the relevant Trust regarding the care and support of the identified resident. These meetings remain ongoing.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 22</p> <p>Stated: First time</p>	<p>The registered person shall complete ongoing monthly audits of falls and retain records for inspection.</p> <hr/> <p>Action taken as confirmed during the inspection: The review of documentation and discussion with the manager evidenced that a monthly thematic review of any accident which</p>	<p>Met</p>

	<p>occurred had taken place. Post falls management was discussed with a staff member who had a good understanding of the procedures to be followed.</p>	
<p>Area for improvement 4 Ref: Standard 43 Stated: First time</p>	<p>The registered person shall address the following environmental issues in Bungalow A:</p> <ul style="list-style-type: none"> • Replace the suite in the lounge which was found to be scuffed and torn at the sides. • The bathroom floor was stained and the paintwork at the bottom of the door needs refreshed. • Make good the screw holes on shower walls. • Make good the open screw holes in the identified ensuite. • Replace the cracked tiles and clean the mould on the grout between tiles in an identified ensuite. 	Met
	<p>Action taken as confirmed during the inspection: The areas for improvement identified above were reviewed during the inspection and all areas had been addressed.</p>	
<p>Area for improvement 5 Ref: Standard 43 Stated: First time</p>	<p>The registered person shall address the following environmental issues in Bungalow B:</p> <ul style="list-style-type: none"> • Replace the scuffed lounge carpet. • Repainted the lounge in bright fresh colours. • Remove the paint stains on the bathroom floor. • Repair the damaged walls and dado rail on the corridor. • Repaint/decorate the staff room. • In an identified ensuite repair the open screw holes and mould on the skirting. • In an identified ensuite make good the coved skirting and wall. 	Met
	<p>Action taken as confirmed during the inspection: The areas for improvement identified above were reviewed during the inspection and all areas had been addressed.</p>	

Area for improvement 6 Ref: Standard 37 Stated: First time	The registered person shall provide evidence that the next of kin has been informed following an accident/incident. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with a relative and a review of accident recording confirmed that relatives were informed of any accident which may have occurred.	

6.2 Inspection findings

6.2.1 Staffing arrangements and care practice

A system was in place to identify staffing levels to meet the resident's needs. A review of the staff rotas for the period 27 January to 6 February 2020 confirmed that the staffing numbers identified by the manager were consistently provided. Staff spoken with told us that there were sufficient staff to meet the physical, emotional and social needs of the residents. On each shift team leaders and care staff were rostered.

We discussed the provision of staff for any residents who required additional supervision. The manager has a clear understanding that staff required to provide increased supervision were in addition to the number of staff required to meet the overall needs of the patients. A review of the rotas confirmed that additional staff were rostered to provide this level of supervision. Staff confirmed that they received a report when commencing duty and had a clear plan for the day's activity. Staff also confirmed that they were supported by management through the process of bi annual supervision and staff appraisal. We reviewed the minutes of staff meetings and this confirmed that the frequency of staff meetings had increased from the time of the previous inspection in September 2019. There had been six team leader meetings and four support staff meetings. Staff stated that communication systems in the home had improved.

We discussed the arrangements for the nominated person in charge of the home in the absence of the manager. The manager stated that the team leader on duty was the person in charge. A competency and capability assessment for staff in charge of the home was not available. The need for this was discussed with the manager and has been identified as an area for improvement.

We were advised that the use of potential restrictive practices was very limited, for example, the front door is locked and the use of bedrails or alarm/pressure mats when and where there is assessed need. We observed that bedrails were in use for one resident. The resident's care records were reviewed regarding the use of a potentially restrictive practice. Evidence was present of a risk assessment being present but there was no corresponding care plan regarding the use of bedrails to monitor the continued safe use of this type of equipment. This was discussed with the manager and has been identified as an area for improvement.

6.2.2 Environment

Significant progress had been made with the identified refurbishment and improvements required following the previous inspection in September 2019. It is good to note that the majority of the outstanding work has now been completed. The recently appointed manager stated that new flooring is scheduled for Bungalow A in the new financial year. We were satisfied that following the work undertaken to date that the manager will ensure that any outstanding work will be completed within the timeframes she stated.

Some issues arose regarding the environment. We observed a substantial amount of cigarette debris in the courtyard between the two bungalows. Staff stated that this was where a resident came to smoke. An ashtray had been provided. However, the ashtray was small and did not appear suitable for its purpose due to the volume of debris in evidence. New ashtray/receptacles should be sourced and purchased as the patio area is a communal area for all residents, visitors and staff and the management of smoking needs to be reviewed and become more effective. This has been identified as an area for improvement.

The ethos of the home is to support and enable residents to be as independent as possible. Catering is undertaken by staff and or residents who can and wish to participate. Similar arrangements are in place for the cleaning of the two bungalows. We support the ethos of promoting and enabling residents to be as independent as possible; however, aspects of the environment, namely the cleaning and deep cleaning of residents' ensuite facilities and equipment require greater attention and robust cleaning schedules should be implemented and monitored by the manager. This had been identified as an area for improvement.

We observed a lack of storage in both bungalows as bathing/showering facilities were being used to store, for example, equipment and to dry clothes. Staff stated that the bathrooms weren't being used as residents prefer to shower in their ensuite facilities. However, bathrooms should not be used as storage areas. This was discussed with the manager who agreed to remove the identified items from the bathrooms.

6.2.3 Resident's and relatives views.

We arrived in the home at 10.30 hours and were met immediately by staff who offered assistance. Residents were present in the lounge, dining room or in their bedroom, as was their personal preference. Observations of interactions throughout the day demonstrated that residents were relating positively to staff and to each other. Six residents were at a local day centre and the remaining residents were having a 'home day'. Staff explained that on these days' residents and their key worker or allocated staff member decide what they would like to do, for example, one resident was going shopping in Carrickfergus and was then going to have something to eat and a 'pint' in a favourite restaurant.

Activities are decided by the residents and are a mixture of small group activities and one to one activity. Residents go out on many outings as a number of staff are designated drivers and the home has their own transport.

We met with a resident's representative who was very positive regarding the care afforded by staff and commented:

- "Staff are very good, very approachable."
- "(resident) is getting love and care here."

- “They (staff) work well as a team here.”
- “They’ve good things (activities) on here.”
- “The new manager gets things done.”

A questionnaire was returned to RQIA from a relative. The respondent indicated that they were very satisfied that care was safe, effective and compassionate and that the home was well led. An additional comment was made regarding personal clothing and the respondent indicated that they had already raised this with staff.

In discussion with staff it was stated that staff felt the home had improved, staff morale was better and they acknowledged the improvements in the environment. Comments received from staff included:

- “Senga is a fantastic manager.”
- “Things have improved drastically.”

Two staff questionnaires were completed and returned to RQIA following the inspection. One respondent was very satisfied that care was safe effective and compassionate and was satisfied that the service was well led. The other respondent indicated that they were very unsatisfied regarding these areas. An additional comment was made:

- “It’s a happy place to work now, we love it.”

We discussed resident involvement in the decision making processes and daily life of the home. Residents meetings and/or satisfaction surveys were not available at the time. The manager stated that since starting in the home (August 2019) she had been focusing on a number of other areas, for example, staff communication and information systems, the delivery of care and the environment. The need for greater resident involvement was acknowledged by the manager and it was stated that the area of resident involvement was being discussed and subsequently introduced at the staff meeting in March 2020. Residents do have the opportunity to discuss their care at the bi annual reviews, one of which is with the Multi-Sensory Practitioner employed by SENSE.

6.2.4 Management and governance arrangements

The manager, Senga Knox, was appointed in August 2019 and had submitted an application for registration to RQIA. The manager facilitated the inspection and demonstrated a good understanding of the relevant regulations, care standards and the systems and process in place for the daily management of the home. A wide range of documentary evidence to inform the inspection’s findings, including minutes of staff meetings, monitoring reports, audit records, residents care records and staffing information. Feedback and discussion took place at the conclusion of the inspection with the manager and areas of good practice and areas for improvement were identified.

The manager has implemented a range of monthly audits to assist her with reviewing the quality of services delivered. The manager was knowledgeable of the auditing process and explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed. For example, we discussed a number of notifications regarding the administration of medicines that had been sent to RQIA. The manager stated that previously there were no audits of medicines in place and she had implemented an auditing system, errors had come to light following audit and she

had subsequently informed RQIA of the errors. Areas audited included care records, staffing levels, staff supervision and accidents and incidents. As discussed in 6.2.2 the need for a more robust approach to the cleaning of the home was identified. This was discussed with the manager who agreed to implement a monitoring system and cleaning schedules to ensure that all areas of the home are cleaned on a regular and methodical manner. The manager was advised to include infection prevention and control measures in any audit being undertaken in respect of the environment and cleaning.

A monthly monitoring visit was undertaken in accordance with Regulation 29. Records of the past three months were reviewed. Whilst the reports were informative they did not evidence the commencing and finishing times, unique identifier numbers were not used in respect of residents or staff spoken with during the visits and actions plans were not clearly identified for areas of improvement either at the beginning of the report or as a concluding statement. The manager was advised that a template for guidance on completing the monthly quality monitoring report was available on RQIA's website at www.rqia.org.uk and this may be of use to them. This has been identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff attentiveness to patients and the delivery of care which took into account personal choice for patients. Patients were enthusiastic and well informed of the planned activities. Staff were knowledgeable of the needs of the patients and worked well as a team to deliver the care patients' required. The environment was homely and comfortable. Effective systems were in place to provide the manager with oversight of the services delivered.

Areas for improvement

Areas for improvement were identified regarding the completion of competency and capability assessments for any staff member in charge of the home in the absence of the manager, the accurate completion of care records in respect of a potential restrictive practice, implementing robust cleaning arrangements and cleaning schedules, the management of the communal patio area and the regulation 29 monthly quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Senga Knox, Manager, 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 residential care home. 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 6 March 2020</p>	<p>The registered person shall ensure that any person in charge of the home has been deemed competency by the manager and supporting documentation in respect of this is maintained.</p> <p>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: All team leaders and persons in charge of the home have been competency assessed and deemed competent on 27/02/2020, documents have been completed signed. Annual competencies to be carried out.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 6 March 2020</p>	<p>The registered person shall ensure that where a potential risk has been identified through assessment, a corresponding plan of care is present and the risk assessment and care plan are regularly reviewed.</p> <p>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: All residents folders have been reviewed and updated, all care/support plans and risk assessments have been reviewed and updated, regular reviews will take place to ensure these are kept up to date, this is monitored on a monthly managers audit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure that the communal grounds are kept tidy and safe and that suitable arrangements are in place for the management of smoking, including appropriate receptacles for residents who smoke.</p> <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: The communal garden has been cleaned and an outdoor hoover purchased for cigarette butts which has been cleaned up. A new ashtray has been purchased awaiting delivery. Residents care plan states they will be supported when smoking and staff are aware of this</p>

<p>Area for improvement 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2020</p>	<p>The registered person shall ensure that robust cleaning arrangements and cleaning schedules are implemented for all areas of the home.</p> <p>Ref: 6.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Private cleaners now attend Eden on a weekly basis, a new cleaning folder has been implented so manager can monitor the cleaning of the home</p>
<p>Area for improvement 4</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall ensure that the monthly quality monitoring report includes, for example:</p> <ul style="list-style-type: none"> • The time of commencing and finishing the visit • The names of residents, staff or visitors is not readily recognisable • An action plan is present which identifies any action to be taken as a result of the visit and the following report evidences the status of any previous areas identified • The report is signed by the manager when received <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: RQIA's own form will be used for all monthly moniroring ensuring the above recommendations are competed each month</p>

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



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