



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment: SENSE
Establishment ID No: 1695
Date of Inspection: 10 April 2014
Inspector's Name: Lorna Conn
Inspection No: 16802

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

| | |
|--|---|
| Name of Home: | SENSE |
| Address: | 41 Edenvale Avenue Eden Carrickfergus BT38 7NP |
| Telephone Number: | 028 93362792 |
| E mail Address: | patrick.black@sense.org.uk |
| Registered Organisation/ Registered Provider: | SENSE Mrs Collette Gray |
| Registered Manager: | Mr Patrick Black (Acting) |
| Person in Charge of the home at the time of Inspection: | Mr Patrick Black (Acting) |
| Categories of Care: | RC-SI |
| Number of Registered Places: | 10 |
| Number of Residents Accommodated on Day of Inspection: | 10 |
| Scale of Charges (per week): | Trust Rates |
| Date and type of previous inspection: | 30 September 2013, secondary unannounced care inspection |
| Date and time of inspection: | 10 April 2014, 1:00 pm - 3:40 pm |
| Name of Inspector: | Lorna Conn |

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the DHSSPS Residential Care Homes Minimum Standards.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance statements | | |
|---|--|--|
| Compliance statement | Definition | Resulting Action in Inspection Report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 4 - Substantially Compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

PROFILE OF SERVICE

Sense Voluntary Residential Home is run by Sense, the National Deaf, Blind and Rubella Association which is a registered charity, formed in 1995 to work with and provide for people with deaf / blindness and associated disabilities. Some of the residents who live in the residential home may not be totally deaf and totally blind but will have some use of one or both senses. Others will also have additional physical and / or learning disabilities as well.

The home is situated in a residential area in Eden village which is a short distance from Carrickfergus and off street parking facilities are available. Sense Voluntary Residential Home consists of two purpose built bungalows located on the same site with five residents residing in each unit. Bungalow 41a provides accommodation and care for people who require a high level of support while Bungalow 41b provides accommodation and care for people who are more independent.

Each resident has their own room with en-suite facilities and both bungalows provide communal areas i.e. lounge, dining room, kitchen and bathroom facilities. One of the bungalows provides sleeping accommodation and an office for staff. The bungalows are connected by an open courtyard with an attractive sensory garden with raised beds for flowers and herbs.

SUMMARY

This is a summary of a secondary unannounced inspection of SENSE Residential Care Home, 41 Edenvale Avenue, Eden, Carrickfergus, BT38 7NP. The inspection was undertaken on 10 April 2014 from 1:00pm-3:40pm by Lorna Conn, inspector and reflects the position in the home at the time of the inspection.

The inspector was greeted by the acting registered manager Mr Patrick Black who was readily available for discussion and clarification during the inspection. Verbal feedback of the issues identified during the inspection was given to the acting registered manager, at the conclusion of the inspection.

During this inspection, the inspector viewed the environment, met with residents and staff, reviewed documentation and discreetly observed care practices. There were no relatives or visiting professionals present during the inspection. The inspector also observed staff interacting appropriately with residents during the course of the inspection. Informed values were observed being demonstrated and good relations were evident between staff and residents.

The inspector examined the previous quality improvement plan made during the previous unannounced care inspection undertaken on 30 September 2013 and found that the home had responded positively to all of the requested improvements. This was good to note.

In considering the outcomes from this inspection, one new requirement has been made with respect to the replacement of the carpet in the hallway in Bungalow 1A. This is detailed within the additional matter section of this report and the associated quality improvement plan (QIP).

FOLLOW-UP ON PREVIOUS ISSUES

| NO. | REGULATION REF. | REQUIREMENTS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|------------|------------------------|---|--|---|
| 1. | 27 (d) | The registered person should ensure that the hallway in bungalow 41a is re-decorated. | Painting had commenced in this hallway and was almost completed at the time of the inspection. | Compliant |

| NO. | MINIMUM STANDARD REF. | RECOMMENDATIONS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|-----------------------|---|---|--------------------------------------|
| 1. | 11.5 | The registered person is recommended to ensure that review records are requested from the Trust. | An audit is now in place to ensure that review minutes are requested post review and minutes for identified resident had been received. | Compliant |
| 2. | 16.1 | The registered person is recommended to review the safeguarding vulnerable adults' procedure and guidance to include reference to the safeguarding vulnerable adults' guidance (2010) and consider where processes regarding allegations against staff should be located. | The safeguarding vulnerable adults' procedure and guidance was reviewed in January 2014. This was examined and is now compliant. | Compliant |
| 3. | 16.7 | The registered person is recommended to ensure that written communication is sought from Trust regarding the final outcomes of any vulnerable adults' investigations. | This was confirmed to have occurred and email confirmation was available to the inspector. | Compliant |
| 4. | 19.1 | The registered person is recommended to review the policy and procedures for staff recruitment to ensure greater clarity regarding the legislative requirements and DHSSPS guidance. | The recruitment and selection policy was reviewed in February 2014 to meet legislative requirements and DHSSPS guidance. | Compliant |

| | | | | |
|----|------|--|---|------------------|
| 5. | 19.4 | The registered person is recommended to ensure that all staff are issued with a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment. | A new online system is now in place which ensures this recommendation is met within the specified timescales. Records for most recent employee verified that a written statement of main terms and conditions had been issued prior to employment and no later than thirteen weeks after appointment. | Compliant |
| 6. | 18.9 | The registered person is recommended to ensure that records are kept of the visual maintenance checks made on vehicles in keeping with the home's policy. | Periodic checks are being recorded of visual checks made to vehicles in accordance with the home's policy. | Compliant |

ADDITIONAL AREAS EXAMINED

Residents' views.

The inspector met all the residents in the home at the time of this inspection. In accordance with their capabilities all confirmed / indicated that they were happy with their life in the home, their relationship with staff and the provision of meals. There were no other issues of concern expressed or indicated at the time of this inspection.

Staff Views

During the inspection the inspector met with three staff of different grades who were on duty. Staff comments were positive regarding the care provided and the support from the management. No concerns were voiced. Their comments included:-
'The care is very good and there is good support through supervision and training. I've nothing but praise for here'.
'There's a really high standard of care and a lot of individual attention with the high staffing levels'.

Relatives'/Professionals Comments

There were no relatives or visiting professionals present during the inspection. The inspector did make contact with Trust staff post inspection and no concerns were expressed.

Environment

The inspector undertook a visual inspection of the home accompanied by the acting registered manager and viewed a number of residents' bedrooms and communal areas and found it to be nicely furnished; spacious, clean and tidy, with no mal-odours identified. The atmosphere in the home was homely and welcoming. No visual fire and health and safety issues were noted. During this inspection of the building the inspector observed that the hallway in bungalow 41A had been repainted and work was nearing completion. However, the carpet in this hallway was noted to be stained and a requirement has been made with respect to replacement of this carpet. The inspector was advised by the acting registered manager that other environmental issues raised by the estates inspector were still outstanding and this matter was referred to the estates inspector for follow up.

Observation of Care practices

The inspector also observed staff interacting appropriately with residents during the course of the inspection. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mr Patrick Black, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Lorna Conn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

SENSE

10 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Patrick Black, as part of the inspection process during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 Residential Care Homes Regulations (NI) 2005

| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------|---|------------------------|---|------------------|
| 1. | 27 (2) (d) | The registered person should ensure that the carpet in the hallway in bungalow 41 A is replaced. (Standard 27.1) | Once | The carpet in the hallway in bungalow 41 A has now been replaced. | By 10 June 2014. |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

| | |
|---|---------------|
| NAME OF REGISTERED MANAGER COMPLETING QIP | Patrick Black |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Colette Gray |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable | Yes | Lorna Conn | 3/6/14 |
| Further information requested from provider | | | |