

Inspection Report

17 August 2023



SENSE

Type of service: Residential Care Home
Address: 41 Edenvale Avenue, Eden, Carrickfergus, BT38 7NP
Telephone number: 028 9336 2792

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: SENSE Responsible Individual: Mr Martin Walls – not registered	Registered Manager: Miss Lindsay Mullan Date registered: 13 April 2023
Person in charge at the time of inspection: Miss Lindsay Mullan	Number of registered places: 10
Categories of care: Residential Care (RC) SI – Sensory impairment.	Number of residents accommodated in the residential care home on the day of this inspection: 9
Brief description of the accommodation/how the service operates: <p>This home is a registered residential care home which provides health and social care for up to 10 residents. The home is divided into two five bedded bungalows which are interlinked by a courtyard garden.</p> <p>Residents' bedrooms all have ensuite facilities. Residents have access to communal lounges and dining rooms and an enclosed courtyard garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 17 August 2023, from 9.30 am to 1.30 pm. The inspection was carried out by a care inspector.

At the last inspection to the home, on 25 May 2023, concerns were identified regarding environmental cleanliness, infection prevention and control (IPC) practices, fire procedures and governance. As a result, RQIA held a serious concerns meeting with the home's management team. At the meeting RQIA were provided with assurances regarding the actions being taken to address the concerns and it was agreed that these would be managed through a quality improvement plan (QIP).

This inspection assessed progress with all areas for improvement identified in the home at 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.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Staff told us that SENSE was a good place to work, there was a good sense of teamwork and that the manager had worked in partnership with them to, “help turn things around since the last inspection.”

The home was clean and tidy and free from malodour and there was a relaxed atmosphere.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

This inspection focused on the areas for improvement identified at the last inspection. Four areas for improvement were met and three areas for improvement were partially met and are stated for a second time.

It was positive to note that no new areas for improvement were identified during this inspection.

RQIA were assured that the delivery of care and service provided in SENSE was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents’ experience.

3.0 How we inspect

RQIA’s inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents responded warmly about the provision of care in the home, they were smiling and engaging with staff throughout the day. Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding when asked if they were happy.

Staff spoke positively in terms of the provision of care in the home. One staff member said, “our manager has worked hard, the environment is nicer and cleaner and the residents are much more content.”

Seven questionnaires were received from residents. Feedback was positive on all questionnaires returned. No additional feedback was received from relatives or staff following the inspection.

Comments made by residents and staff were brought to the attention of the manager for information.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 25 th May 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) Stated: First time	The registered person shall ensure as far as reasonably practicable that- <ul style="list-style-type: none"> • the premises are kept in a good state of repair externally and internally; • all parts of the home are kept clean and reasonably decorated; 	Partially met
	Action taken as confirmed during the inspection: This area for improvement was partially met and has been stated for a second time. Please refer to section 5.2.3 for details.	

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure as far as reasonably practicable that all parts of the residential home to which residents have access are free from hazards to their safety. This includes, but is not limited to, the home's laundry cupboards and COSHH stores.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has been met.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (b) (d) (i) (f)</p> <p>Stated: First time</p>	<p>The registered person shall -</p> <ul style="list-style-type: none"> • make adequate arrangements for detecting, containing and extinguishing fires; • ensure, by means of fire drills and practices at suitable intervals, that the persons working in the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life. 	<p>Partially met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was partially met and has been stated for a second time.</p> <p>Please refer to section 5.2.3 for details.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • availability of personal protective equipment • donning and doffing and appropriate use of personal protective equipment 	<p>Met</p>

	<ul style="list-style-type: none"> staff knowledge and practice regarding hand hygiene. 	
	<p>Action taken as confirmed during the inspection: This area for improvement has been met.</p>	
<p>Area for improvement 5 Ref: Regulation 10 (1) Stated: First time</p>	<p>The registered person shall ensure that there is robust governance and management oversight within the home. This specifically relates to;</p> <ul style="list-style-type: none"> Management audits with regards to the cleanliness of the environment and infection prevention and control (IPC) practices. 	Met
	<p>Action taken as confirmed during the inspection: This area for improvement has been met.</p>	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 5.5 Stated: First time</p>	<p>The registered person shall ensure that all assessments are kept under review and amended as changes occur to accurately reflect the needs of the residents.</p>	Partially met
	<p>Action taken as confirmed during the inspection: This area for improvement was partially met and has been stated for a second time. Please refer to section 5.2.2 for details.</p>	
<p>Area for improvement 2 Ref: Standard 32.1 Stated: First time</p>	<p>The registered person shall ensure that medicines are stored securely.</p> <p>This relates specifically to the medicines cupboard door.</p>	Met
	<p>Action taken as confirmed during the inspection: This area for improvement has been met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The manager told us that recent changes to the staff duty rota had been reviewed and staff feedback had been positive. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management. One staff member told us, "there has been a lot of improvements since the last inspection, staff are happier." Another staff member told us, "residents are much happier now this is much better."

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of each individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. For example, one resident was feeling unwell and staff were observed supporting this resident in a caring and compassionate manner.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

A review of care records indicated that some risk assessments had not been kept under review and were not up to date. This was discussed with the manager during feedback for action. This area for improvement was partially met and has been stated for a second time.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. With the exception of one kitchen, all the areas of concern identified during the last inspection were clean and tidy and well decorated. This kitchen remains in need of repair; work tops were damaged, cupboard doors were loose and the radiator cover was rusty. The manager confirmed that plans were in place to install a new kitchen but there was no timeframe for this work to be completed. This area for improvement was partially met and has been stated for the second time.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The outside courtyard was clean and tidy and all unused and damaged furniture identified during the last inspection had been removed.

A review of records confirmed that the required safety checks and measures were in place and regularly monitored. Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning store, laundry cupboards and the medicines room were appropriately secured.

We observed good compliance with fire safety, staff had recently completed their fire safety training and regular fire safety checks were being carried out. The latest fire risk assessment was completed on 17 July 2023 and actions from this risk assessment are in the process of being completed.

It was noted during the senior managers monthly monitoring visits that one fire door was not closing correctly; this had been reported but a repair had not been completed. This area for improvement was partially met and has been stated for the second time.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, there was ample supply of personal protective equipment (PPE) within the home and staff were observed carrying out hand hygiene measures throughout the day.

Staff were observed using PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures had been completed.

5.2.4 Quality of Life for Residents

The atmosphere in the home was calm and relaxed. Staff and residents were observed to be chatting and joking throughout the day. Residents were observed spending time watching TV, getting ready for their day care activities or enjoying time with staff.

Residents' needs were met through a range of individual and group activities which are organised both in and out of the home. Activities include; social, community, cultural, religious, spiritual and creative events.

It was observed that staff offered choices to residents throughout the day which included preferences with regards to day care activities, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Lindsay Mullan has been the Registered Manager of this home since 13 April 2023.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Staff commented positively about the manager and highlighted the support she had offered them. Staff said, "new audits are in place and staff and residents are much more content now."

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	2*	1*

* the total number of areas for improvement includes two regulations and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) Stated: Second time To be completed by: From date of inspection	<p>The registered person shall ensure as far as reasonably practicable that-</p> <ul style="list-style-type: none"> • the premises are kept in a good state of repair externally and internally; • all parts of the home are kept clean and reasonably decorated; <p>Ref: 5.1 & 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Daily audits continue for all areas within the home. The kitchen in bungalow B has now been approved to be replaced. Work is due to commence within the next few weeks.</p>
Area for improvement 2 Ref: Regulation 27 (4) (b) (d) (i) (f) Stated: Second time To be completed by: From date of inspection	<p>The registered person shall -</p> <ul style="list-style-type: none"> • make adequate arrangements for detecting, containing and extinguishing fires; • ensure, by means of fire drills and practices at suitable intervals, that the persons working in the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life. <p>Ref: 5.1 & 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Fire drills continue to be completed monthly with simulation fire drills being completed during the nights. Dorguard in kitchen in A has been repaired. All fire doors continue to be checked as part of daily audits.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	

<p>Area for improvement 1</p> <p>Ref: Standard 5.5</p> <p>Stated: Second time</p> <p>To be completed by: From date of inspection</p>	<p>The registered person shall ensure that all assessments are kept under review and amended as changes occur to accurately reflect the needs of the residents.</p> <p>Ref: 5.1 & 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All assessments are now up to date and monthly audits of residents support plans continue.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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