

Inspection Report

25 May 2023



SENSE

Type of service: Residential

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Assurance, Challenge and Improvement in Health and Social Care

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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 garden area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 25 May 2023, from 9.40 am to 5.40 pm by two care inspectors.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care inspection and 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.

During the inspection concerns were identified in regards to the environmental cleanliness of the home, infection prevention and control (IPC) practices, fire procedures and governance.

Enforcement action resulted from the findings of this inspection. A serious concerns meeting was arranged with the responsible individual (RI) and the registered manager, on 7 June 2023.

The meeting was attended by, Miss Lindsay Mullan, Registered Manager, Mr Martin Walls, Responsible Individual and Ms Donna Johnston, Operations Manager. The management team discussed the actions taken to address the inspection findings. A detailed action plan was shared with RQIA identifying actions taken and timescales for further actions. RQIA were sufficiently assured that appropriate action has been taken to address the serious concerns identified during the inspection; and the areas for improvement will be managed through the Quality Improvement Plan (QIP) in section 6.0 below.

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

The findings of this report will provide the management team 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 in the courtyard throughout the day. One resident told us “I am happy.” 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 “this is a good place to work, it is a good team and Lindsay wants the best for everyone.”

No questionnaires were returned by residents or relatives and no responses were received from the staff online survey.

Compliments had been recorded during the monthly monitoring visits however had not been shared with staff. Following discussion, the manager agreed that, moving forward, she will keep a record of all compliments and share these with her staff team.

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 27 September 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 23.4 Stated: Second time	The registered person shall put in place a staffing training matrix to provide the manager with an overview of staff training and to monitor if training was being maintained on an up-to-date basis	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Standard 5.5 Stated: First time	The registered person shall remove old Speech & Language Therapy (SALT) assessments from care records, so that the current assessment is readily accessible and avoids any confusion with the residents' current needs.	Met

	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 Ref: Standard 20.15 Stated: First time	The registered person shall ensure that it is clearly recorded in the accident and incident reports when the resident's aligned named worker is notified of the event Action taken as confirmed during the inspection: This area for improvement was met.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to monitor staffs' professional registrations with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure staff were trained and supported to do their job.

The manager told us that the number of staff on duty had recently been reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota did not identify the person in charge when the manager was not on duty. This was discussed with the manager for immediate action. An area for improvement was not identified at this time.

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 informed us that the staff duty rota was changing and that the manager had consulted all staff on the change process.

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. For example, there was enough staff on duty to facilitate alternative activities for the residents who, due to transport issues had not been able to attend their day care setting.

5.2.2 Care Delivery and Record Keeping

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

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. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, the fire alarm sounded during the inspection and staff effectively supported and reassured all residents who needed to be evacuated from the home.

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.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place, however records had not been updated with regards to when reviews were due. This was discussed with the manager who provided written assurances following the inspection that this had been addressed and all records had been updated. This will be reviewed at the next inspection.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm and relaxed. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunch time experience was a pleasant and unhurried experience for the residents. However; on the day of the inspection, staff did not take the opportunity to demonstrate hand hygiene measures at the appropriate times. For example, both before and during the lunch time meal, staff did not take the opportunity to use hand hygiene measures after contact with each resident. This was discussed with the manager during feedback. An area for improvement was identified.

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. An area for improvement was identified.

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

Environmental issues were observed throughout the home. The overall environment was worn, with several identified areas in need of repair. For example, furniture in one of the bedrooms was damaged and a door was missing from a wardrobe. Carpets throughout the home were stained and other furniture was worn and required replacement.

The majority of the rooms were found to be unclean, untidy and poorly maintained. For example, used gloves were not disposed of correctly; torn and stained bed bumpers; and curtains not fully hanging on curtain rails.

The two kitchens were in need of repair as work tops were damaged, a cupboard containing hazardous substances had broken locks and cupboard doors were loose. The manager confirmed that plans were in place to install new kitchens but there was no timeframe for this work to be completed.

The outside courtyard was in need of weeding and unused, damaged furniture required removal.

Concerns were identified regarding the lack of effective management of risk to residents. The cleaning store and a cupboard in the laundry room containing hazardous substances were unlocked. The medication room was unlocked and contained a number of boxes of electrolyte replacement sachets and topical creams which were not securely stored. This was discussed with the manager during the inspection for immediate action.

We identified poor compliance with fire safety and staff did not adhere to fire safety measures when a fire alarm sounded. Fire doors were found to be wedged open throughout the home preventing closure should a fire alarm sound. This was brought to the attention of staff at the time and the doors were closed. During the inspection, the fire bell sounded and an evacuation of the building took place. While awaiting the fire brigade, staff on duty attempted to re-enter the building. Actions from the most recent fire risk assessment completed on 15 December 2022 had not been evidenced as being fully completed.

There were two separate files for recording issues around fire safety. There was no clear rationale for the existence of the two files or what was to be recorded in each; the dual recording increased the risk of issues being missed. Areas for improvement had been noted in one file, however there was no evidence of any action taken to manage these areas.

There was limited evidence that systems and processes were in place to ensure the management of risks associated with the spread of infection, for example, it was noted that the hand sanitiser dispensers were empty. It was noted throughout the inspection that staff did not take the opportunity to carry out hand hygiene measures at the appropriate times, for example after contact with residents or when in the kitchen preparing the lunchtime meal. Staff did not wear the appropriate Personal Protective Equipment (PPE) during the lunchtime meal.

Staff were not bare below the elbows and while serving food one member of staff was asked by the inspector and manager to tie her hair back as she was assisting a resident with her meal.

Throughout the home PPE stations were insufficiently stocked with aprons and gloves and masks draped over rails. Bins in residents' bedrooms and ensuites had not been emptied and were overflowing.

These findings were discussed with the manager throughout the inspection and during the serious concerns meeting. An action plan was provided by the management team, which offered sufficient assurance that time bound plans had been put in place to address all the identified areas. Areas for improvement were identified.

5.2.4 Quality of Life for Residents

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices throughout the day.

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.

On the day of the inspection a music activity was taking place in the courtyard and all residents were taking part in this activity.

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 Manager in this home since 1 August 2022 and registered with RQIA 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 described her as supportive, approachable and always available for guidance. Staff said "Lindsay is very good; she is very supportive."

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The safeguarding lead for the organisation was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Concerns were identified regarding the lack of robust governance and management oversight within the home which has the potential to place residents at risk. Management audits had not identified the issues with regard to the cleanliness of the environment; there were no audits completed with regard to infection prevention and control (IPC) practices and Control of Substances Hazardous to Health (COSHH) Regulations. The systems in place to manage fire safety were inadequate. This was discussed with the manager throughout the inspection and during the serious concerns meeting. An action plan was provided by the home, which offered sufficient assurance that plans had been put in place to address all the identified areas. Areas for improvement were also identified.

The home was visited each month by the registered provider/ 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 (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	5	2

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: First time To be completed by: From date of inspection	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; Ref: 5.2.3

	<p>Response by registered person detailing the actions taken: Daily environmental audits being completed by manager and team leaders in managers absence i.e. weekends. Additional cleaning sheets in place. External areas are being checked daily. Work to kitchen on bungalow A commenced on 6.7.23.</p>
<p>Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: From date of inspection</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>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All COSHH items including laundry detergents are now being stored in COSHH cupboard. No items under COSHH are being stored anywhere else. Signs on all doors to state they remain locked at all times including COSHH and medication stores and any locked cupboards. COSHH door on bungalow A has now been repaired. All staff are aware of the code to access this also.</p>
<p>Area for improvement 3 Ref: Regulation 27 (4) (b) (d) (i) (f) Stated: First time To be completed by: From date of inspection</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>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Discussed at staff meetings held over 1 week period. Weekly fire drills completed to capture all staff. Doorgards repaired and same ordered for residents bedroom door to ensure they are not being propped open. Added to environmental audits as additional check. All staff have re-completed eLearning for fire safety.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection</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 • staff knowledge and practice regarding hand hygiene. <p>Ref 5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>All staff have completed eLearning on Infection control including PPE, Hand washing audits completed for all staff and ongoing daily. Additional hand sanitiser units have been installed throughout both bungalows. All staff have completed food hygiene eLearning. This was also discussed during staff meetings held over 1 week and is discussed daily at handovers by team leaders.</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. <p>Ref 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>All relevant audits are now in place and include environmental audits to include that staff are following IPC measures which are being completed daily. Discussed at staff meetings held over the period of 1 week.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 5.5</p> <p>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> <p>Ref: 5.2.2</p>

<p>To be completed by: From date of inspection</p>	<p>Response by registered person detailing the actions taken: Weekly audits on record keeping/residents care plans and risk assessments are currently being completed by the manager. All are up to date at present. Resident's logs being audited by manager and team leader.</p>
<p>Area for improvement 2 Ref: Standard 32.1 Stated: First time To be completed by: From date of inspection</p>	<p>The registered person shall ensure that medicines are stored securely. This relates specifically to the medicines cupboard door. Ref 5.2.3</p> <p>Response by registered person detailing the actions taken: Sign placed on Medication store to advise that this remains locked at all times. Discussed at team meetings and all staff are aware. Those who require the keypad code are aware of this i.e. medication trained staff.</p>

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