

Inspection Report

27 September 2022



SENSE

Type of service: Residential
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: Mrs Collette Gray	Registered Manager: Mrs Lindsay Mullan Date registered: Registration pending
Person in charge at the time of inspection: Mrs 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: 10
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 10 residents. The home is divided in two five bedded bungalows which are interlinked by a courtyard garden.	

2.0 Inspection summary

This unannounced inspection took place on 27 September 2022, from 10am to 1.40pm by two care inspectors.

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

All but one of these previous areas of improvement was met.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

It was evident that staff promoted the dignity and well-being of residents.

Two areas of improvement requiring improvement were identified. These were in relation to removing old nutritional care assessments and recording of accidents and incidents. A previous area of improvement in relation to devising a staff matrix detailing mandatory training by staff has been stated for a second time.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

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.

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 Mrs. Lindsay Mullan, Manager at the conclusion of the inspection.

4.0 What people told us about the service

In accordance with their capabilities, residents responded warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

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 May 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) Stated: First time	The registered person shall ensure that the needs of the identified patient are kept under review to ensure their needs are appropriately met within a residential setting. This review must be in consultation with the resident, their next of kin and aligned named worker.	Met
	Action taken as confirmed during the inspection: This review was put in place accordingly.	
Area for Improvement 2 Ref: Regulation 27 (2) (t) Stated: First time	The registered person shall risk assess all free standing wardrobes in accordance with current safety guidance and take appropriate action as needed	Met
	Action taken as confirmed during the inspection: All free standing wardrobes were risk assessed with subsequent appropriate action.	
Area for Improvement 3 Ref: Regulation 27 (4) (a) Stated: First time	The registered person shall submit a time bound action plan to the home's aligned estates inspector detailing how the five recommendations from the fire assessment dated 19 August 2020 will be address. The date of this next schedule fire safety risk assessment also needs to be made known to the aligned estates inspector.	Met
	Action taken as confirmed during the inspection: This assessment and action plan was submitted to the home's aligned estates inspector.	

<p>Area for Improvement 4</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any event that has impact on a resident(s) well-being such as heightened distressed behaviours are reported without delay to RQIA and the resident's aligned named worker.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the accident and incident records confirmed that these events were reported to the relevant stakeholders.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure Deprivation of Liberty Level 2 training is put in place for all staff.</p> <hr/> <p>Action taken as confirmed during the inspection: This training was put in place.</p>	<p>Met</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p>	<p>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</p> <hr/> <p>Action taken as confirmed during the inspection: This matrix was not in place.</p> <p>This area of improvement has been stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20.6</p> <p>Stated: First time</p>	<p>The registered person shall review the home's Statement of Purpose to include the role of the HSC Trust in dealing with complaints.</p> <hr/> <p>Action taken as confirmed during the inspection: The Statement of Purpose was revised and updated accordingly.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. However to ensure managerial oversight of mandatory training a training matrix should be put in place detailing when staff have received their training and when it is due for renewal. This has been identified as an area of improvement for a second time.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff also described recent training they had received in caring for distressed behaviours and how this training had a positive outcome. Newly appointed staff also said that they were satisfied with their programme of induction and support received.

Staff told us that there was enough staff on duty to meet the needs of the residents.

The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

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, with attendance with their activity and social care needs.

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.

5.2.2 Care Delivery and Record Keeping

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. One resident said; "I love it here. It is very good."

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, and / or their GP.

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.

Staff confirmed how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. An area of improvement was made to 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.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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

The home was clean, tidy and fresh smelling throughout. Many areas of the environment were in need of redecorating as the paintwork was tired and marked. Assurances were received following this inspection by the Manager confirming that this programme of work had commenced. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were maintained safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were well maintained with up-to-date fire safety checks of the environment and fire safety drills.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Residents were able to choose how they spent their day. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time. Residents were nicely dressed with obvious attention to personal hygiene and care. The genre of music and television channels played was appropriate to residents' age group and tastes.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and interactions with staff. One resident said; “I am very happy here. I like the activities very much.”

A relaxation session took place in one of the lounges, led by a resident. In the afternoon a group of residents went to a local swimming pool. Other residents were also engaged in pastimes of choice such as art, listening to music or rest.

The environment suitably facilitated to support residents with social needs and comfort.

The grounds of the home were well maintained with good accessibility for residents to avail of.

5.2.5 Management and Governance Arrangements

Mrs Lindsay Mullan is the newly appointed Manager of the home since 1 August 2022. She was joined during this inspection by Ms Amanda Johnston, Locality Manager. 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 said that the Manager was supportive and they would have no hesitation in reporting any concerns and felt that these would be dealt with appropriately.

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, such as environmental audits, restrictive practices, care records and falls.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. An area of improvement was made to clearly record in the accident and incident reports when the resident’s aligned named worker was notified of the event.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the Responsible Individual 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 all relevant stakeholders.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes’ Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	0	3*

* The total number of areas for improvement includes one that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs. Lindsay Mullan, Manager, 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 Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 23.4 Stated: Second time To be completed by: 27 October 2022	<p>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</p> <p>Ref: 5.1 and 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: This has not been fully completed due to staff shortages and managing through 2 covid outbreaks. This action will be fully completed in the next 7 days.</p>
Area for improvement 2 Ref: Standard 5.5 Stated: First time To be completed by: 28 September 2022	<p>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.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All residents files have been checked and any old plans have been removed and archived.</p>
Area for improvement 3 Ref: Standard 20.15 Stated: First time To be completed by: 28 September 2022	<p>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.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: This is now clearly recorded on all incident forms and ABC charts.</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

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

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