

Unannounced Care Inspection Report

28 July 2020



SENSE

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

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 residential care home registered to provide residential care for up to 10 residents.

3.0 Service details

Organisation/Registered Provider: SENSE Responsible Individual: Collette Gray	Registered Manager and date registered: Senga Knox – 18 June 2020
Person in charge at the time of inspection: Lorna Feeney – Practice team Leader	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 28 June 2020 from 09.40 to 15.05 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In addition, RQIA received information on 16 July 2020 which raised concerns in relation to:

- Infection prevention and control (IPC) practices
- Managerial arrangements
- Staff management
- Care delivery

In response to this information RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control / Environment
- Care delivery
- Governance and management arrangements.

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	0

Areas for improvement and 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- The registration status of the home
- Written and verbal communication received since the previous care inspection
- The returned QIP from the previous care inspection
- The previous care inspection report.

The following records were examined during the inspection:

- The duty rota from 20 July 2020 to 2 August 2020
- One staff recruitment record
- The home's registration certificate and statement of purpose
- Two residents' care records
- A sample of governance audits/ records
- A sample of monthly monitoring reports.

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 6 February 2020.

Areas for improvement from the last care inspection 6 February 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (3) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: We reviewed competency assessments for three staff in relation to being in charge of the home in the manager's absence. We found that these had been completed appropriately.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of residents' care records confirmed that appropriate risk assessments were in place and were reflected in their plan of care. Both documents were also noted to have been kept under regular review by staff.	
Area for improvement 2 Ref: Standard 27.5 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The communal area outside was found to be clean and tidy with adequate receptacles for smoking.	

<p>Area for improvement 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust cleaning arrangements and cleaning schedules are implemented for all areas of the home.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Cleaning schedules were in place and used for all parts of the home. It was noted that no external cleaners are currently entering the home due to ongoing COVID-19 restrictions. Responsibility for carrying out cleaning duties within the home therefore lies with staff at present; it was also noted that in order to promote residents' sense of independence, they are assisted by staff with maintaining the cleanliness of the environment, as appropriate and as per resident ability.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Regulation 29 monitoring visits were reviewed and this area for improvement was met.</p>		

6.2 Inspection findings

6.2.1 Staffing arrangements

We reviewed the duty rotas for the period from 20 July 2020 to 2 August 2020. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. We noted that while the duty rota was colour coded, there was no corresponding guide to explain the meaning of the colours being used. In addition, the start and finish time of various shifts being undertaken by staff was not clear. This was discussed with the manager who agreed to address this issue immediately by inserting the guide to the colours and stating the start and finish time of shifts. This will be reviewed at a future care inspection.

Staff commented positively about working in the home, about the teamwork that existed amongst the staff, and being supported by the manager.

Comments made by staff included:

- “Everyone is a team player.”
- “I really like it here.”
- “I have confidence in my team, I am really happy here.”
- “It’s a nice place to work.”
- “The manager is open, honest and approachable.”

6.2.2 Personal protective equipment

Signage had been erected at the entrance to the home to reflect relevant and current guidance in relation to COVID-19. We were advised by the manager that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature and symptom check upon arrival to the home.

Staff were observed to use PPE appropriately during our visit and told us that they had received training in infection prevention and control measures and hand hygiene. Staff were observed to carry out hand hygiene at appropriate times. PPE stations were well stocked throughout the home; the manager told us that these were regularly replenished and the home had sufficient supplies.

Residents appeared to be accepting of the need for staff to wear face masks, they were relaxed in their interactions with staff.

6.2.3 Infection prevention and control / environment

We reviewed the home’s environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, kitchen and laundry areas. We found corridors and fire exits were clear and unobstructed. The home was fresh smelling throughout. The residents’ bedrooms which were viewed appeared clean and warm, and had been personalised with items that were meaningful to individual residents.

Some deficits were noted in regard to infection prevention and control practices. For instance, toiletries, wipes and toilet rolls were inappropriately stored on the top of the toilet cisterns within several residents’ bathrooms. In addition, some staff were observed to be inappropriately wearing jewellery such as rings.

Deficits were also noted in regard to the cleanliness of the environment, specifically: an identified shower chair; bathroom hand rails; and the underside of soap dispensers and sinks. These deficits were discussed with the manager and an area for improvement was identified.

6.2.4 Care delivery

Residents appeared to be well cared for, were dressed in clean clothes and were well groomed. The residents were observed to be content and settled in their surroundings. One resident told us that they were happy in the home.

Staff were observed to provide residents with the appropriate level of supervision and treated them with kindness and respect. Staff were attentive and responsive to the residents and demonstrated a good understanding of their assessed needs. Staff confirmed that they received a handover report when commencing their shift.

Visiting arrangements for residents' relatives had recently been recommenced and was being arranged by appointment and was facilitated within a dedicated outside space.

We observed the weekly menu plans which include two meal options on a daily basis for residents. The manager told us that the ethos of the home is to support and enable residents to be as independent as possible. An example of this is the way in which staff encourage residents to participate in managing their mealtimes, according to individual preference and ability.

For instance, on Saturday evenings, staff will organise a theme night in which the menu will be reflective of the chosen theme, for example, Italian or Mexican cuisine. Staff and residents will also decorate the home to reflect this theme. The manager commented on how the residents have enjoyed this especially during the ongoing COVID-19 pandemic which has resulted in outings and the availability of take away food being restricted.

Review of two residents' support plans provided sufficient detail to direct the care required; the support plans reviewed were concise and individualised to the assessed needs of the residents. The risk assessments reviewed were up to date and appropriate to the residents' needs. Daily care records and food and fluid intake charts reviewed were also completed accurately. There was evidence of appropriate referral to the speech and language therapist (SALT).

6.2.5 Governance and management arrangements

Since the last care inspection, the manager is now registered with RQIA. The registration certificate has been appropriately updated and was viewed at the entrance of the home. The statement of purpose has also been updated to reflect current managerial arrangements.

The manager demonstrated a thorough knowledge of residents' needs, staffing arrangements and her own managerial responsibilities.

There was evidence that the manager had effective oversight of the day to day care delivery within the home. For instance, the manager has implemented a range of monthly audits to assist her with reviewing the quality of services delivered. A selection of these audits was reviewed in respect of accidents and incidents, hand hygiene and the administration of medication. These were completed on a regular basis and any areas of improvement were included within corresponding action plans and had been addressed.

We reviewed three staff competency and capability assessments which outline the roles and responsibilities for any staff member in charge of the home in the absence of the manager; these assessments were completed appropriately.

Review of records evidenced that quality monitoring visits were completed and actioned on a monthly basis on behalf of the registered provider in accordance with the relevant regulations and standards. Since March 2020 due to COVID-19 restrictions, these monitoring visits have been conducted remotely.

A recruitment file for one newly appointed member of staff was reviewed and this evidenced that appropriate pre-employment checks had been completed prior to this staff member commencing employment.

Areas of good practice

Areas of good practice were identified in relation to: staffing; team work; use and availability of PPE; care records and governance arrangements. Additional areas of good practice were also identified in regard to staff knowledge of residents' individual needs and in their compassionate and patient interactions with residents.

Areas for improvement

One area for improvement was identified in relation to infection prevention and control practices and the cleanliness of the environment.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

On the day of the inspection we observed that residents appeared comfortable, and that staff treated them with kindness and compassion. The staff knew the residents very well and were timely in responding to their individual needs. PPE was appropriately worn and staff frequently performed hand hygiene. COVID-19 recommendations for the monitoring of staff and residents' daily health status were adhered to by staff. Staff told us that they felt supported in their roles by the manager. One area for improvement was made in relation to infection prevention and control practices, and the cleanliness of the environment.

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 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 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control deficits identified during this inspection are addressed.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • The cleanliness of shower chairs / hand soap dispensers / hand rails and under sink areas • Personal toiletries / wipes and toilet rolls inappropriately stored on toilet cisterns • Staff wearing jewellery. <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Shower chairs hand rails, sinks and hand soap dispensers are cleaned daily.</p> <p>Appropriate storage units have been purchased to ensure adequate storage of residents toiletries, staff are aware that these need to be stored correctly.</p> <p>Hand washing audits are completed with staff by team leaders to ensure effective handwashing and that staff have short nails and are bare below the elbow, jewellery is not worn.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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