

Inspection Report

7 December 2021



SENSE

Type of service: Residential Care Home
Address: 41 Edenvale Avenue, Eden, Carrickfergus, BT38 7NP
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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 Senga Knox Date registered: 18 June 2020
Person in charge at the time of inspection: Ms Claire Feeney (Acting Manager)	Number of registered places: 10 To include people with physical disabilities and / or learning disabilities.
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: 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 bungalows.	

2.0 Inspection summary

An unannounced inspection took place on 7 December 2021, from 9.55am to 3:25pm by a care inspector.

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.

Robust systems were in place in relation to staffing and their training and development; and in regard to the risk management. Records were well maintained and the care team worked well together. There was a compassionate culture and ethos evident in the home.

New areas for improvement were identified in relation to compliance with Control of Substances Hazardous to Health regulations (COSHH); infection prevention and control (IPC) practices; care records, monthly monitoring visits and notification of absence of the registered manager.

Residents were relaxed and comfortable in their surroundings and 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.

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 and 'Tell Us' cards 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 manager, at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with 5 residents and 6 staff members. Residents spoken with were content and the atmosphere was calm and relaxed. Residents expressed no concerns about the care they received. We received one completed questionnaire from a resident following the inspection, and they stated they were very satisfied with all aspects of care in the home.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

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

The last inspection to SENSE was undertaken on 5 October 2020 by a pharmacy inspector; no areas for improvement were identified.

The last care inspection was undertaken on 28 July 2020 and resulted in one area for improvement; this area for improvement was assessed as met on 5 October 2020.

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 are recruited correctly to protect residents. The home is actively advertising for a number of new posts and some new casual staff are expected to commence post in December 2021.

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

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.

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. One resident currently requires to be accompanied by two staff at all times and one resident has a member of staff allocated for activities and personal care. Residents spoken with raised no concerns regarding the staff or staffing levels.

Call bells were available for those residents who could avail of this facility. Residents told us that they were very well cared for by the staff with one saying that this was their home and they loved living there. 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 and in a caring and compassionate manner.

Staff said there was good team work and that they felt well supported in their role; staff also expressed satisfaction with the staffing levels and the quality of communication between staff and management.

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, for example, when assisting a resident with personal hygiene needs and during activity sessions. Residents were well presented, content in their surroundings and at ease in their interactions with staff.

At times, some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff stated that they meet at the beginning of each shift to discuss any changes in the needs of the residents. In addition, residents' care records were well maintained and accurately reflected their assessed needs. Staff were knowledgeable of individual resident's needs, their daily routines, wishes and preferences.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral following any instances of a resident falling, for example, to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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. Observation of the dining experience confirmed that it was an opportunity for residents to socialise; music was playing, and the atmosphere was calm, relaxed and unhurried. There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

It was observed that residents were enjoying their meal and their overall 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 they also provided themed nights for residents in which different types of food would be provided; on such occasions, the environment of the home would be decorated accordingly with residents being actively encouraged to participate and make their own choices.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, person centred 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.

Three residents' care records were reviewed; it was noted that risk assessments and care plans were in place to assist staff with meeting the residents' currently assessed needs. Care plans were person centred and were reviewed on a regular basis.

Care records were reviewed in relation to nutrition, epilepsy, behaviour and falls. Care plans were in place for those residents requiring modified diets and reflected the recommendations of Speech and Language Therapists (SLT). However, the recent weight loss of an identified resident was not noted in the nutritional screen and their prescription of supplements was not recorded. An area for improvement was identified.

Review of care records and feedback from staff highlighted that one resident can display behaviour that staff may find challenging. It was noted that a detailed and relevant care plan was in place in relation to this aspect of care. There was an accurate record kept of each

occurrence during which the resident displayed such behaviours. However, these incidents had not been audited to identify any trends, patterns or triggers. An area for improvement was identified.

Each patient had an annual review of their care, arranged by their Trust representative. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that generally the home was clean, tidy and well maintained.

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.

In both kitchens, cleaning materials were not locked away in accordance with the COSHH regulations. One cupboard was unlocked and the other cupboard had had the lock removed. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

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

It was noted that staff are not provided with a uniform but rather wear their own clothes while on duty. Discussion with the Manager highlighted that while changing facilities were available, these are not used routinely by staff. Observation of staff practice also identified the inconsistent use of PPE, specifically, aprons. In addition, there was no available policy in relation to staff clothing.

Regular hand washing audits had been completed by team leaders within the home, which included observation of staff; however, staff were observed by the inspector to be wearing long sleeves which is not in keeping with best practice which requires staff to be bare below the elbows at all times to enable effective handwashing.

Observation of the environment highlighted further IPC deficits, namely: the work surface in the kitchen of bungalow A was damaged; and in both kitchens, the radiators were in need of detailed cleaning. Also, the laundry floor and the walls in an identified toilet in bungalow A were damaged and required repair.

An area for improvement was identified in relation to these IPC shortfalls.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Patients

Residents told us that staff offered them choices throughout the day which included the time of getting up and going to bed, what clothes they wanted to wear, which food and drink options they preferred, and where and how they wished to spend their time. The home was nicely decorated for Christmas and staff told us that they loved working at this time.

There was a range of activities provided for residents by staff including: social, community, cultural, religious, spiritual and creative events. Residents were observed taking part in and enjoying an activity session to make Christmas decorations. Other residents' needs were met through a range of individual activities.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and Care Partner arrangements were in place with positive benefits being reported by staff in regard to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. The registered manager has been seconded into the regional manager role and Ms Feeney has been appointed as acting manager. RQIA was not informed of the recent manager change therefore an area for improvement has been made to ensure that any notification of absence is promptly submitted to RQIA. We have been advised post inspection of Ms Feeney's intention to submit an application to RQIA for registration.

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 on the manager and her availability and approachability. A whistleblowing policy was in place so staff could raise any concerns regarding the home and the care if required. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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 manager has also devised her own monthly audit which was very detailed. To further develop this, manager agreed to develop an action plan for this audit process.

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

There was a system in place to manage complaints. The manager advised that there have been no recent complaints. The Manager was aware of how complaints should be managed so

as to ensure that good records are maintained. The Manager told us that complaints were seen as an opportunity to for the team to learn and improve.

The manager advised that in person monthly monitoring visits had been suspended due to the ongoing COVID-19 pandemic. Alternative arrangements were put in place to observe the environment such as video tours, photographs and regular discussions. Discussion with the Manager identified the need to start Regulation 29 visits in person. The manager confirmed by email that in person visits were to recommence.

The reports of the virtual 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 Conclusion

Discussion with residents and staff provided assurance that care was provided in a person centred and compassionate manner. Staff spoke positively about the sense of teamwork within the home and the support provided by the manager.

Five new areas for improvement were identified in respect of: COSHH regulations, infection prevention and control and environmental deficits, care records and notification of absence. Details can be found in the Quality Improvement Plan outlined in Section 7.0.

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 Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
Total number of Areas for Improvement	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Claire Feeney, 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 Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that cleaning materials are stored securely in accordance with the Control of Substances Hazardous to Health (COSHH) regulations</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The locks on both cupboards have now been replaced and COSHH products are kept locked away in accordance with regulations</p>
<p>Area for improvement 2</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 wearing and changing of aprons appropriately • Development of a policy/procedure in relation to the home's dress code and staff laundry arrangements • Inclusion of bare below the elbows at all times in the handwashing audits to enable effective handwashing • To address the areas of the environment identified to ensure that effective cleaning can be carried out. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: PPE and aprons continue to be worn and changed appropriately. Manager continues to monitor this daily along with team leaders. Different coloured aprons are used for food preparation as previous.</p> <p>Dress code policy updated to include recommendations.</p> <p>Staff are encouraged to change before leaving shift and changing facilities remain available along with lockers for staffs personal belongings.</p> <p>Areas that were highlighted were the work surface in A which had been ordered prior to the inspection a works, order was placed for the fitting of this as it is a granite worktop.</p> <p>The radiator covers have been removed and are currently being resprayed as the manager identified it was paint that has come</p>

	<p>off rather than the need for detailed cleaning.</p> <p>A works order for the bathroom walls and laundry floor has been raised and are currently awaiting a date for this to be repaired as the non slip floor requires specialist treatment for it to be repaired.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 31 (1) b</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that RQIA is provided in writing of any notice of absence of a continuous 28 day period for registered persons.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Notification to RQIA was submitted to advise of absence. Registered Manager is very much involved in the daily management of Eden and is still available 24/7 however has taken on an Operational Role within Sense. New manager has since applied for Registered Manager and will continue to be coached and mentored by Senga Knox as her line manager.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that where a potential risk has been identified in relation to the effective management of residents' weight loss and use of supplements, this is incorporated into the written plan of care.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All forms were updated on day of inspection to ensure that details of supplements were added to forms and support plans, this will continue to be reviewed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that records of behaviour that challenges are regularly audited to identify any significant trends, patterns or triggers.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Monthly audits were implemented on day of inspection to audit all behaviours each month and ensure that these are reviewed, Any significant trends, patterns and triggers have been and will continue to be addressed.</p>

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