



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
SENSE**

**9 December 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of inspection

An unannounced care inspection took place on 9 December 2015 from 9.50 to 14.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard inspected was assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	0

The details of the QIP within this report were discussed with the Mr Black, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Colette Gray	<b>Registered Manager:</b> Patrick Black
<b>Person in Charge of the Home at the Time of Inspection:</b> Patrick Black	<b>Date Manager Registered:</b> 29 April 2015
<b>Categories of Care:</b> RC-SI	<b>Number of Registered Places:</b> 10
<b>Number of Residents Accommodated on Day of Inspection:</b> 10	<b>Weekly Tariff at Time of Inspection:</b> £1532 to £2562

### 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 1: Residents' involvement – Residents' views and comments shape the quality of services and facilities provided by the home.**

### 4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and notifications of accidents/incidents since the last inspection.

During the inspection the inspector met with four residents, three care staff and one administrative staff. There were no visiting professionals or residents' visitors/representatives present on the day.

The following records were examined during the inspection:

- Four care files
- Minutes of residents' meetings
- Supervision schedule
- Staff rotas
- Team meeting minutes
- Statement of Purpose/Philosophy of Care

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced follow up estates inspection dated 18 March 2015. A quality improvement plan was not generated from this inspection.

#### 5.2 Review of requirements and recommendations from the last care inspection

A care inspection was undertaken on 21 May 2015 at which one recommendation was made as below.

Previous Inspection Recommendations		Validation of compliance
<b>Recommendation 1</b>  Ref: Standard 21.1	<b>Policy Development</b> The registered manager should ensure that the home's policy relating to the management of continence care is up dated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The policy had been updated.	

### **5.3 Standard 1: Residents' Involvement- Residents' views and comments shape the quality of services and facilities provided by the home.**

#### **Is care safe? (Quality of life)**

Several residents in this home have complex and varied needs. The home operates a "Nip it in the Bud" system which empowers staff to report any real or suspected concerns regarding any practice issues. Residents are involved in all aspects of daily life in the home. Each resident has three designated staff members to plan and deliver their individual care. This process ensures that there is usually a member of staff on duty with special responsibility for each resident. Minutes of team meetings showed that staff undertake an advocacy role on behalf of residents who are less able to express their views, opinions and needs. Care files showed that residents are involved in reviewing the care they receive. The home undertakes three monthly reviews and care management reviews are conducted annually. Inspection of the care files selected showed that relatives are invited to the annual reviews. The minutes are signed by the resident and/or the relative.

#### **Is care effective? (Quality of management)**

The home had a comprehensive programme of induction for new staff. The induction template incorporates the values of good social care. The recruitment and selection process has two parts. As well as a formal interview any prospective employee spends observed time with the residents. Both areas must be successful before the post is offered. The manager is an accredited assessor for the QCF awards in social care.

The manager is currently collating information for the home's annual quality review report. Satisfaction questionnaires have been forwarded to family members as part of this process. Several of the returned questionnaires were inspected. These were found to contain positive comments regarding the care provided in the home. For example, "My relative has put on weight and now looks so healthy" and "Staff are always ready to listen and act". No issues of concern were raised in the questionnaires examined.

Training is provided for staff in specific areas relating to residents' needs as well as in the mandatory areas. Staff supervision takes place every eight weeks. The manager undertakes regular formal observation of practice assessments and there is an annual staff appraisal. All staff are registered with the NISCC.

#### **Is care compassionate? (Quality of care)**

The home's philosophy of care sets out explicitly the values of care for both residents and staff. For example, "I will respect others"; "I will listen to others". Information to empower residents is provided for residents in pictorial form. The home employs a specialist communication consultant who undertakes one to one functional assessment sessions with residents. Mr Black confirmed that these sessions are valuable and empowers residents who are less able to communicate. Staff and a student on placement confirmed that they feel the care provided is compassionate and tailored to the individual needs of each resident. The interaction between staff and residents observed on the day was caring, friendly and respectful. Assistance was provided in a timely manner and at the residents own pace.

## Areas for improvement

There were no areas of improvement noted and the standard is assessed as met.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.4 Additional areas examined

#### 5.4.1 Residents

There were four residents in the home during the inspection. The residents chose not to engage with the inspector. However, they presented as settled and at ease in their surroundings and familiar with staff.

#### 5.4.2 Relatives

There were no relatives in the home on the day.

#### 5.4.3 Staff

The following staff were on duty:

- Manager x 1
- Senior support worker x 2
- Support worker x 4
- Administrative x1
- Domestic x 1

The manager confirmed that this was satisfactory to meet the needs and numbers of residents accommodated.

#### 5.4.4 Accidents/incidents

Examination of the accident record found that accident/incidents in the home are dealt with, recorded and reported appropriately.

#### 5.4.5 Environment

Inspection of the internal premises found that it required some redecoration. A team of volunteers had been organised to repaint several areas of the home. The team arrived and commenced work during the inspection. It was noted in one kitchen that a freezer was rusted. This may be an infection control issue. A requirement has been made that this freezer should be replaced.

The carpet in the dining room was badly stained as was the carpet in a staff sleepover room. A requirement was made that both should be thoroughly cleaned or replaced. There were no hazards noted or no malodours in any part of the home.

## Areas for improvement

Two areas of improvement were noted in relation to additional matters. These are outlined in point 5.4.5 above.

<b>Number of requirements:</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Black, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) or RQIA's office (non- paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<b>Requirement 1</b>	The rusted freezer should be replaced.		
<b>Ref:</b> Regulation 27 (2)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2016	<b>Response by Registered Person(s) detailing the actions taken:</b> This has been replaced.		
<b>Requirement 2</b>	The stained carpets identified at the inspection should be thoroughly cleaned or replaced.		
<b>Ref:</b> Regulation 27 (2)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2016	<b>Response by Registered Person(s) detailing the actions taken:</b> Quotes have been obtained and awaiting approval for the replacement of the lounge carpet. The sleepover room carpet has been replaced.		
<b>Registered Manager completing QIP</b>	Patrick Black	<b>Date completed</b>	01/02/16
<b>Registered Person approving QIP</b>	Colette Gray	<b>Date approved</b>	01/02/16
<b>RQIA Inspector assessing response</b>	Ruth Greer	<b>Date approved</b>	12/02/16

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**