



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: SENSE, 1695
Date of Inspection: 11 November 2014
Inspector's Name: Lorna Conn
Inspection No: 17737

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	SENSE
Address:	41 Edenvale Avenue Eden Carrickfergus BT38 7NP
Telephone number:	028 93362792
Email address:	patrick.black@sense.org.uk
Registered Organisation/ Registered Provider:	SENSE Mrs Collette Gray
Registered Manager:	Mr Patrick Black (Acting)
Person in charge of the home at the time of inspection:	Mr Patrick Black (Acting)
Categories of care:	RC-SI
Number of registered places:	10
Number of residents accommodated on day of Inspection:	10
Scale of charges (per week):	£1532 - 2562
Date and type of previous inspection:	10 April 2014, secondary unannounced care inspection
Date and time of inspection:	11 November 2014, 10:00 am - 5:00 pm
Name of Inspector:	Lorna Conn

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the acting registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	6
Staff	6
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	25	8

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **Standard 10 - Responding to Residents' Behaviour**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Sense Voluntary Residential Home is run by Sense, the National Deaf, Blind and Rubella Association which is a registered charity, formed in 1995 to work with and provide for people with deaf / blindness and associated disabilities. Some of the residents who live in the residential home may not be totally deaf and totally blind but will have some use of one or both senses. Others will also have additional physical and / or learning disabilities as well.

The home is situated in a residential area in Eden village which is a short distance from Carrickfergus and off street parking facilities are available. Sense Voluntary Residential Home consists of two purpose built bungalows located on the same site with five residents residing in each unit. Bungalow 41a provides accommodation and care for people who require a high level of support while Bungalow 41b provides accommodation and care for people who are more independent.

Each resident has their own room with en-suite facilities and both bungalows provide communal areas i.e. lounge, dining room, laundry, kitchen and bathroom facilities. One of the bungalows provides sleeping accommodation and an office for staff. The bungalows are connected by an open courtyard with an attractive sensory garden with raised beds for flowers and herbs.

The home is registered to provide care for a maximum of ten persons under the following category of care: RC-SI (Sensory impairment).

8.0 Summary of Inspection

This primary announced care inspection of SENSE was undertaken by Lorna Conn on 11 November 2014 between the hours of 10:00am and 5:00pm. Mr Patrick Black was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement made as a result of the previous inspection was also examined and observations and discussions demonstrated that this had been met. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, reviewed staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. However, it is recommended that these are reviewed to reflect Trust involvement and reporting mechanisms.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. However, some documentation required updating and should be reviewed to ensure consistency across records.

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of his responsibilities in relation to when to refer residents to the multi-disciplinary team. However, it has been recommended that increased Trust involvement is sought regarding the development of behavioural guidelines and review of restrictive practices.

The evidence gathered through the inspection process concluded that SENSE was moving towards compliance with this standard.

Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home utilised an activity coordinator in their day centre to provide activities four days each week. At other times activities were provided by designated care staff. A selection of materials and resources were available for use during activity sessions. However, it was noted that recently staffing levels had impacted upon attendance at the day centre. This is being addressed by the acting registered manager. Staff confirmed that efforts were being made to address this issue urgently but that in the interim staff were coping and that the impact on residents' activities was being minimised through the team working together. Comprehensive records were maintained. The evidence gathered through the inspection process concluded that SENSE is compliant with this standard.

Resident and staff consultation

During the course of the inspection the inspector met with residents and staff and questionnaires were also returned by staff.

In discussions with residents and through inspector observations; it appeared that residents were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. The vast majority of staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. Any issues raised were discussed with the acting registered manager who undertook to monitor these.

Comments received from residents and staff are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be generally of a good standard. However, one ensuite did not yet have any doors despite this having been discussed with the housing association. It was noted from the review of the premises during the inspection that there was evidence of damp on the ceiling in one of the bedrooms. An inspection of this bedroom should be carried out by a building professional to identify the cause of this issue. A requirement was made regarding the need for ensuite doors in one identified bedroom and to address damp arising in another identified ensuite. During the inspection it was noted that the connecting external courtyard contained a lot of fallen leaves which were presenting a slipping hazard. Remedial action was undertaken by the staff but this situation should be monitored to prevent re-occurrence.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Five requirements and six recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 10 April 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	27 (2) (d)	The registered person should ensure that the carpet in the hallway in bungalow 41 A is replaced. (Standard 27.1)	During the visual inspection of the building it was confirmed that this had been replaced.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Each individual supported by the service will have information relating to their behaviour in their care plan. This will detail triggers to behaviours, precursor behaviour, what behaviours they may exhibit & guidance for staff in responding to & managing these behaviours. Sense recognises that the behaviour that individuals display is often communicative and therefore our first priority is to attempt to understand the reasons why individuals behave in the way that they do. Support is then tailored not just to managing the behaviour but addressing the underlying issues. Sense believe that interventions to support behavioural issues should respect the person's dignity & positively promote & encourage alternative strategies. Interventions include teaching new skills to promote independence, developing the individual's communication skills, changing their environment and/or the level and type of interactions that they receive. Staff attend a 2 day induction training course relating to behaviour & communication: Positive Interactions that provides them with information about communication; different types, impacts, causes of behaviour & recording systems for incidents of behaviour & Management of Actual or Potential Aggression (MAPA) which teaches staff strategies for managing behaviour effectively. Additionally, Sense have a Behaviour Support Procedure & Guidance. Staff complete behaviour report forms where an individual exhibits behaviour & there are discussions with individuals, trust representatives & Sense Behaviour Support Advisor following these where necessary.	Compliant

Inspection Findings:	
<p>The home had a Behavioural Support policy and procedure dated April 2013 in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It is recommended that is updated to detail that RQIA must be notified on each occasion restraint is used and include reporting to the trust and relatives.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled MAPA training as well as challenging behaviour during 2014 which included a human rights approach.</p> <p>A review of three residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were present in all three care records; however, they were in need of review. The need for two capacity assessments were identified within two care records and these assessments should be located or actioned.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that staff had received training in this area.</p>	<p>Moving towards compliance</p>

<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment When an individual's behaviour is uncharacteristic, staff complete a behaviour report form that contains information relating to what has happened including location, date, time, duration, environment, what individual was doing before incident, whether there had been anything usual in the individual's life over the last couple of days, any signs of anxiety or defensive behaviour, whether the individual may have been in pain, unwell or tired, what happened during the incident, how it was managed, any impact on others and if there was any physical intervention used in line with training, guidelines and risk assessments. Incidents are reported to the senior on shift to monitor and provide support to staff and individuals. The manager will review any further training needs identified for staff or action to be taken to prevent a reoccurrence. Behaviour report forms are also forwarded to the Head of Services to read and sign and ensure each incident is managed in an appropriate way. Staff are given the opportunity to discuss behaviour issues at team meetings and supervisions. The service is supported by a member of Sense's national Behaviour Team who meets with the manager on a quarterly basis and is available any other times by phone. Where appropriate the person may also be referred to appropriate professionals within their HSCT.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The policy and procedure included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff . Agreed and recorded response(s) to be made by staff <p>However, it needs to be updated to detail that RQIA must be notified on each occasion restraint is used and include reporting to the trust and relatives.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Three care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussions with residents confirmed that they had been involved appropriately.</p>	<p>Moving towards compliance</p>

Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment Information relating to how behaviour should be managed is contained within each individual's care plan - behaviour support guidance document. Staff ensure, where possible, that individuals are aware of all the information that is recorded in their care file. Where it has been agreed by the individual, this information will be shared with carers. Where it is deemed that the person lacks capacity to make the decision the information will be shared with the carers and the trust representative if appropriate.	Compliant
Inspection Findings: A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. However, all equipment was not identified within all risk assessments; restrictions forms and care management reviews. It is recommended that all restrictive practices are reflected in risk assessments; on restriction forms and reviewed in care management reviews. Care plans reviewed were signed by the staff member completing it. However, these should also be signed by the resident or their representative where appropriate and the registered manager. In one identified resident's care record, the preferred morning routine as indicated in the person centred plan should be reviewed to ensure that a person centred focus is maintained.	Moving towards compliance

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Currently there are no specific behaviour management programmes being implemented, rather we have developed individualised behaviour support guidance documents which are developed in liaison with the individual where appropriate, the staff team and Sense's Behaviour Support Advisor. Additionally in the past we have worked with staff from the NHSCT Challenging Behaviour Team. They have provided advice and information to staff in relation to specific behaviour programmes that they have developed for some of the individuals that we support and the programme has been included in the care plan. Behaviour management plans are reviewed at least annually or where there is a need for an earlier review.</p>	Substantially compliant
<p>Inspection Findings:</p> <p>Two care records reviewed included behavioural guidelines. In one instance these had been developed in co-operation between Trust staff; the acting registered manager and the organisation's behavioural support team, while in the other they had been developed by the acting registered manager and the organisation's behavioural support team.</p> <p>It is recommended that these guidelines are reviewed in co-operation with the Trust behavioural support services and Trust personnel responsible for the residents.</p>	Moving towards compliance

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>There are behaviour support procedures and guidance documents in place for staff. During induction training staff receive training relating to behaviour and communication. Training covers types, impact, causes of behaviour; recording systems; strategies and support available. Staff also attend a one day MAPA training course which promotes strategies that allows staff to manage behaviours in an appropriate way dependent on the behaviour level being displayed by the individual. Where physical interevention is needed to keep the individual(s) and/or staff safe, the lowest possible form of physical intervention is used. This training is refreshed every 18 months and there is opportunity for staff to attend an earlier refresher if the need arises.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> • MAPA during 2014 <p>It is recommended that a training matrix is developed to allow monitoring of mandatory training.</p> <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour guidelines in place.</p>	<p>Compliant</p>

<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment Where staff manage an incident in a way that has not been recorded in the person's care plan this will be recorded on a behaviour report form which will ask them to detail how the incident was managed. The manager will inform the relevant professionals and a meeting to review the information in the person's care plan will be arranged as soon as possible if this is required.</p>	<p>Substantially compliant</p>
<p>Inspection Findings: Discussions with staff identified that only one incident had occurred outside of the scope of a resident’s care plan. Staff confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan. A review of three care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. However, It is recommended that all restrictive practices are reflected in risk assessments; on restriction forms and reviewed in care management reviews; care plans are signed by the resident or their representative where appropriate and the registered manager and the behavioural guidelines are reviewed in co-operation with the Trust behavioural support services and Trust personnel responsible for the residents.</p>	<p>Moving towards compliance</p>

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>Sense's national policy outlines when restraint may be used. During induction staff are made aware of the policy and issues around restraint and attend the MAPA training. If staff are required to physically intervene in any situation they are required to complete a behaviour report form that details what intervention was used, where it occurred, if anyone was injured during the intervention, duration and time of each physical intervention. The manager will check that the staff have adhered to the policy and only used physical intervention as a last resort. The behaviour report form is sent to the Sense Behaviour Support Advisor, Head of Services and the necessary trust representative. There has been a recent review of guidelines in line with the new training and there are no individuals assessed as requiring restraint within the service.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful. Records should be reviewed to ensure consistency across records and that they have been updated regularly.</p> <p>One resident confirmed during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations. Other residents were subject to restrictions such as bedrails and lap belts when assessed as the less restrictive strategy.</p> <p>A review of the home’s Statement of Purpose indicated that it should be reviewed to describe the types of restraint and restrictive practices which might be used in the home as well as outline the process for working with behaviours that challenge.</p>	<p>Moving towards compliance</p>

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
There is a policy and procedure regarding the planning and recording of activities and events in place. These programmes of activities are based on individuals' needs and interests outlined through regular care review meetings and are located in the care plans. There are activity folders for both bungalows which have been devised with individuals which outline aims, objectives, positive outcomes and family involvement. The homes statement of purpose and residents guide provides a detailed overview of activities provided both within the home and community settings. There are achievement forms and daily diaries completed which indicate the positive outcomes of activities and events. There are residents' meetings on a 3 monthly basis where the group plan events for special occasions such as Christmas, Halloween, etc and when the Day Centre is closed over holiday periods.	Compliant
Inspection Findings:	
<p>The home had a policy dated December 2013 on the provision of activities. As the home provides a service which includes day centre provision, residents are offered a daily place within the day centre where many of the structured activities are provided. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment There is a policy and procedure in the home relating to consent to photography contained within the Handling Information Policy. There are consent forms for the use of social media and these are completed as required. There are daily diaries completed after each activity takes place which has a section to obtain feedback from the individual. There are also discussions at residents meetings, core review meetings, annual review meetings and through the annual auditing processes obtaining questionnaires from individuals and relatives. Through the needs assessment process and ongoing person centred planning, spiritual needs are identified and responded to i.e. supporting individuals to Church. There are a varied range of activities which include social, educational and recreational in line with individuals' interests and needs. This includes activities promoting healthy living such as swimming, going to the gym, walking, tandem cycling, personal exercise programmes, etc. Other activities include bowling, cinema, concerts, football matches, etc.. Individuals are involved in devising activity and event planners which cater for their interests and needs. These are reviewed on an ongoing basis to ensure that they meet changing needs, that they are purposeful, enjoyable, age and culturally appropriate. There are residents' meetings on a 3 monthly basis where the group plan events for special occasions such as Christmas, Halloween, etc and when the Day Centre is closed over holiday periods. This includes more community based activities and events.	Compliant
Inspection Findings: Examination of the programme of activities identified that social activities are organised within the day centre and within the home across seven days of each week. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant

Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>There are a variety of methods used to involve individuals in activity planning: there are quarterly residents meetings, core meetings, annual PCPs, annual reviews and annual questionnaires. At residents' meetings there are discussions around group activities and events particularly when the day services are closed. At core review meetings, individual activity plans are discussed with individuals and their core staff support team and any objectives from PCP meetings are discussed. On an annual basis, questionnaires are given to individuals with a section specifically relating to activities to ascertain what other things they would like to do. At annual reviews individuals have a further opportunity to discuss any activities that are working well/not so well both within the home and day service setting. There are other one-to-one opportunities given to those individuals who do not wish to take part in residents meetings. There are personal choices for alternative activities and individuals can decide not to take part in scheduled activities if they wish and this is respected.</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities provided and discussions with residents, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of resident meetings, one to one discussions with staff and care management review meetings.</p>	Compliant

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
There are various individual formats of activity plans taking into consideration each person's preferred means of communication e.g. Pictures, Braille, Audio, Large Print, Tactile. Scheduled activity plans are displayed in individual's bedrooms (Large Print/Pictures); have copy of their Brailled activity plan; have copy of their activity plan on Audio CD. Objects of Reference or picture cards are used on a daily basis to discuss activity plans for the day. Individuals meet with core staff on a regular basis to discuss their activity plans. Display boards are used for one off events such as football matches, concerts, festivals, etc...	Substantially compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in individual residents' bedrooms and group activities were detailed on the noticeboards in each bungalow. These locations were considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant

Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>There are a range of resources within the home to support with activities - a list of these can be found in the activity folders. Needs for each individual are assessed in relation to any activities that they wish to participate in and adequate levels of staffing are provided. Any equipment purchased takes into consideration individual needs. There is a fundraising team dedicated to raising money to purchase new equipment for the home. Activities can take place in various parts of the home, e.g. sensory room, kitchen, lounge, bedrooms where individuals feel most comfortable and most appropriate. Training, support and information is provided to staff to improve their knowledge and skills in this area.</p>	Substantially compliant
Inspection Findings:	
<p>The organisation employs an activity co coordinator at the day centre and each resident is offered the opportunity to attend the day centre for four days per week. At other times person centred and group activities are provided by designated care staff. However, it was noted that recent staffing levels had impacted upon attendance and activities at the day centre. This was raised with the acting registered manager who was aware and was working to address this issue.</p> <p>The care staff and residents confirmed that within the home there was an acceptable supply of activity equipment available. This equipment included nail care materials; computers; art and crafts materials; baking equipment; DVDs ; sensory room; musical equipment and CDs etc. Activities provided at the day centre included hydrotherapy and ice skating to name a few.</p> <p>There was confirmation from staff and the acting registered manager that a designated budget for the provision of activities was in place.</p>	Substantially compliant

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
There is a flexible approach to participation in activities. Individual needs are taken into account when supporting with activities. Activities are led by individuals and staff supporting them will respect their decisions when they wish to finish an activity e.g. going shopping, playing board games, massage, walks, etc. Staff observe and record the level of involvement from individuals to ascertain whether they wish to continue with an activity.	Compliant
Inspection Findings:	
The care staff; the acting registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Currently we do not contract others in to provide services. However if this was to happen then the provider of that service would be asked to provide evidence that they have the skills to provide this activity and a member of staff would be appointed to work alongside them to monitor the activity and to ensure that it met the needs of the individuals participating in the activity. If required, information and training relating to deafblindness would be given</p>	Not applicable
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.</p>	Not applicable
<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Currently we do not contract in services to the home. If this was to happen the person providing the service would be supported by a member of staff who would ensure that the person providing the activity is given the necessary information to provide the service and a system would be set up to ensure that feedback was given regularly to the member of staff at the end of each session of the activity.</p>	Not applicable
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.</p>	Not applicable

Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment Each person has a daily diary where scheduled activities are recorded. Where there is a change to the scheduled programme this will be recorded. The staff member who supports the individual with this activity will document this information and sign the daily entry. Most activities that take place in or outside the home are carried out on a one-to-one basis with individuals or with small groups of individuals and this is reflected in daily diaries. Achievement forms are also completed for new activities or where there is positive interaction between individuals participating in shared activities.	Compliant
Inspection Findings: A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. The activity co-ordinator at the day centre completed monthly summaries of participation and these were available to the inspector as well as daily logs where activities were also detailed. There was evidence that appropriate consents had been requested in regard to photography and other forms of media.	Compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Programmes are reviewed at least 6 monthly with all individuals and/or their core teams. However, people can ask for a review or change to their programme at any time. Activities are monitored on a daily basis and also through regular core team meetings and residents meetings. Feedback is obtained through a variety of other methods such as the annual questionnaires completed by individuals and their relatives, team meetings, care reviews and Person Centred Planning meetings.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the programme of activities identified that the person centre and group programmes had been reviewed at least twice yearly. Three monthly house meetings had been held regarding the group activities and the person centred activities reviewed by the activity co-ordinator at day centre on a monthly basis.</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with six residents individually or with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents appeared/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The inspector spoke at length to one service user who was able to fully describe how the home responded to behaviour and facilitated activities that were person centred. No concerns were expressed or indicated.

11.2 Relatives/representative consultation

There were no relatives in the home during the inspection.

11.3 Staff consultation/Questionnaires

The inspector spoke with six staff of different grades and ten staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that the vast majority of staff felt supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff interviews demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities was in place. Two questionnaires raised issues regarding impact of staffing on activities and this was discussed at length with the acting registered manager who was aware of this. He advised that plans were progressing to recruit additional staff urgently to provide cover for sickness. Staff interviewed, indicated that efforts were being made to address this issue but that in the interim staff were coping and that the impact on residents activities was being minimised through the team working together. Staffing levels on the day of the inspection were in accordance with RQIA guidance.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training. However, it is recommended that a training matrix be developed to enable this to be monitored.

Comments received included:

'Staff are very good at coming in- even the manager has done extra shifts. We have had challenging behaviour training and we try to minimise the triggers by reassuring and problem solving. Residents are in the community a lot at concerts; discos; a quiz; the theatre; football matches. They enjoy these and on home days they do whatever they want as its person centred -so everything you can name'.

'The care is very good. Not many places are as good. The staffing can feel a bit pressured at times but it's not a massive issue at present. Residents get good care and attention. We find the manager and the senior staff very approachable and staff are involved in any changes'.

'All is going well. The staff survey allowed issues to be raised and the majority have been resolved. We have a really good staff team who have a very person centred way of thinking. Care staff have worked so long with the residents that they know what makes them tick. I have seen fantastic improvements in the residents and greater scope for them to get involved in activities and have new experiences'.

11.4 Visiting professionals' consultation

There were no visiting professionals in the home during the inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that nine of the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014. The remaining resident had had a review which was scheduled to occur.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that two complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be generally of a good standard. However, one ensuite did not yet have any doors despite this having been discussed with the housing association. It was noted from the review of the premises during the inspection that there was evidence of damp on the ceiling in one of the bedrooms. An inspection of this bedroom should be carried out by a building professional to identify the cause of this issue. A requirement was made regarding the need for ensuite doors in one identified bedroom and to address damp arising in another identified ensuite. During the inspection it was noted that the connecting external courtyard contained a lot of fallen leaves which were presenting a slipping hazard. Remedial action was undertaken by the staff but this situation should be monitored to prevent re-occurrence.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

In two care records capacity assessments were indicated but it was unclear if they had been conducted, a requirement was made for this matter to be clarified by the acting registered manager and actions taken as required.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary. The registered manager confirmed that the remaining work concerning the fire door had been completed and that all staff had current fire safety training.

The inspector examined the home's most recent fire safety risk assessment dated 3 July 2014. The review identified that the recommendations made as a result of this assessment had been duly actioned. The registered manager advised that discussions were ongoing regarding the delivery of fire safety training.

A review of the fire safety records evidenced that fire training, had been provided to all staff as required. The records also identified that an evacuation had been undertaken on 1 July 2014 and that different fire alarms were tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mr Patrick Black which confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.12 Finances

The return submitted to the RQIA in the advance of the inspection was forwarded to the RQIA finance inspector for consideration and the acting registered manager provided copies of the further documentation as requested by the care inspector. These were forwarded to the finance inspector who provided feedback regarding the content. A requirement has been made in the attached QIP regarding re-submission of documentation following amendment to the finance inspector, Mr Joe McRandle.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Patrick Black, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Lorna Conn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

SENSE

11 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Patrick Black during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27(2)(b)	The registered person should ensure that the bedroom with the evidence of damp is inspected by a building professional to identify the cause of this issue. The outcome of this inspection and the action proposed to address this issue should be confirmed to RQIA. (standard 28.1)	One	The housing association have inspected the room and agreed to replace the window and repair the fan by the specified timescale. There has also been discussion with the housing association around increasing power of fan.	By 11 January 2015.
2.	18 (2) (c) & 13 (8)	The registered person should ensure that ensuite doors are provided in the identified bedroom. (standards 27.3 & 27.12)	One	Ensuite doors were fitted on 19 December.	With immediate effect.
3.	13(3) & 15 (1) (b)	The registered person should ensure that the capacity assessments identified within two identified care records are located or assessments requested. (standard 5)	One	Best interest meetings to be arranged with the individual's social workers. A new social worker has been appointed for 1 individual and awaiting confirmation of the other. Meetings are likely to happen in January 2015.	By 11 December 2014.

4.	4 & 5	<p>The registered person should ensure that the individual financial agreements are reviewed to include requirements of the regulations; based upon feedback provided by RQIA and be shared with RQIA finance inspector.</p> <p>(standard 4)</p>	One	Review of financial agreements scheduled for 09 January.	By 11 January 2015.
5.	15 (2) (b)	<p>The registered person should ensure that all risk assessments are subject to regular review not less than annually.</p> <p>(standards 10.2, 6.6 & 6.2)</p>	One	This has now been completed.	With immediate effect.

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	10.1	It is recommended that the policy/procedure on Behavioural Support is updated to detail that RQIA must be notified on each occasion restraint is used and include reporting to the trust and relatives.	One	This policy is being reviewed nationally by Sense in January and these additions will be incorporated then.	By 11 February 2015
2.	10.3	It is recommended that all documentation is reviewed to ensure that restrictive practices are reflected in risk assessments; on restriction forms and reviewed in care management reviews.	One	Documentation has been reviewed and will be discussed in care management reviews going forward.	By 11 December 2014.
3.	10.3 & 6.3	It is recommended that all care plans should be signed by the resident or their representative where appropriate and the registered manager.	One	This has been completed by residents (where appropriate) and the registered manager. Representatives for those who are unable to sign will be requested to do so on their behalf at the individual's next review meeting.	With immediate effect.
4.	10.5	It is recommended that a training matrix is developed to allow monitoring of mandatory training.	One	The registered manager has requested this from the national training team.	By 11 February 2015

5.	10.7	It is recommended that the Statement of Purpose is reviewed to describe the types of restraint and restrictive practices which might be used in the home as well as outline the process for working with behaviours that challenge.	One	This has been completed.	By 8 December 2014.
6.	10.3 & 6.2	It is recommended that in one identified resident's care record, the preferred morning routine as indicated in the person centred plan should be reviewed to ensure that a person centred focus is maintained.	One	Morning routine has been reviewed and is person centred, however this may have been open to misinterpretation because of the way it was recorded. This has now been amended to ensure clarity.	With immediate effect.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Patrick Black
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Colette Gray

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	30 December 2014
Further information requested from provider			