



SENSE
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Inspector: Patricia Galbraith
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**Unannounced Care Inspection
of
SENSE**

21 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 21 May 2015 from 10.50 to 16.15. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. 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, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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
Total number of requirements and recommendations made at this inspection	0	1

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

2. Service Details

Registered Organisation/Registered Person: Patrick Black	Registered Manager: Collette Gray
Person in Charge of the Home at the Time of Inspection: Patrick Black	Date Manager Registered: 14 December 2009
Categories of Care: RC-SI	Number of Registered Places: 10
Number of Residents Accommodated on Day of Inspection: 10	Weekly Tariff at Time of Inspection: £ 1486 - £2100

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 14: The death of a resident is respectfully handled as they would wish.
Theme: Residents receive individual continence management and support.

4. Methods/Process

Specific methods and processes used in this inspection include the following:

- Discussion with registered manager and staff
- Policy on death and dying
- Policy on continence
- Residents care files (4).

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Sense was an unannounced estates inspection dated 18 March 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 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)	Met
	Action taken as confirmed during the inspection: We inspected this area and there is no longer any evidence of damp.	
Requirement 2 Ref: Regulation 18 (2) (c) & 13 (8)	The registered person should ensure that en suite doors are provided in the identified bedroom. (standards 27.3 & 27.12)	Met
	Action taken as confirmed during the inspection: We inspected the bedroom and a door is now in place.	
Requirement 3 Ref: Regulation 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)	Met
	Action taken as confirmed during the inspection: The two assessments have now been completed and records inspected confirmed this.	

<p>Requirement 4</p> <p>Ref: Regulation 4 & 5</p>	<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>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed to us that financial agreements had been completed and discussed with finance inspector.</p>		
<p>Requirement 5</p> <p>Ref: Regulation 15 (2) (b)</p>	<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>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed to us care records had been up dated and care records inspected confirmed this.</p>		

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 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.	Met
	Action taken as confirmed during the inspection: We examined the policy and procedure and it has now been up dated.	
Recommendation 2 Ref: Standard 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.	Met
	Action taken as confirmed during the inspection: The care records examined confirmed that restrictive practice is documented in care notes.	
Recommendation 3 Ref: Standard 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.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed to us all care records are now signed by residents or by their representative. The care records examined confirmed this.	
Recommendation 4 Ref: Standard 10.5	It is recommended that a training matrix is developed to allow monitoring of mandatory training.	Met
	Action taken as confirmed during the inspection: Training records examined confirmed that mandatory training is being monitored to meet requirements.	

<p>Recommendation 5</p> <p>Ref: Standard 10.7</p>	<p>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.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The Statement of Purpose has been amended to include types of restrictive practice in home. This was confirmed on day of inspection.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 10.3 & 6.2</p>	<p>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.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed to us this had been amended and care notes examined confirmed this.</p>		

5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

The registered manager confirmed to us that residents can and do spend their final days in the home. This is unless there are documented assessed health care needs which prevent this. The majority of residents in Sense are younger people who have complex needs. One resident had been seriously ill and was in hospital on the day of inspection. Their care notes had been adapted and implemented to meet their care needs.

In our discussions with staff they provided information which described their role in caring for a seriously ill resident and the importance of hydration, diet and pain control. This is especially important for many of the residents who would be unable to verbalise how they were feeling. In our discussions with staff they advised us that they were aware of when to contact the general practitioner or district nurse. Staff also highlighted importance of keeping families regularly updated on the resident's condition.

Is Care Effective? (Quality of Management)

We inspected the home's policy on death, dying and bereavement. The policy was robust and gave clear instructions to staff in the event of an expected and an unexpected death of a resident. The policy referenced the input of multi professionals and identified the statutory

organisations which need to be informed when a death occurs in the home. The bedroom of a deceased resident is locked until the family are able to remove any personal belongings.

Is Care Compassionate? (Quality of Care)

In our discussions with staff they provided examples of how they have cared for a very ill resident who was admitted to hospital. We were informed that a staff member would accompany and stay with the resident for their whole hospital admission. The staff highlighted the importance of sharing their specific knowledge of the resident who would be unable express their views with hospital staff. Staff demonstrated a compassionate approach not only to the resident but to family members.

Relatives can be with residents who are very ill either in the bedroom or an alternative room will be provided room. Meals are provided to the relative, tea and coffee facilities are available for them. Spiritual needs are identified and if residents desire priests and ministers are welcomed at any time.

Areas for Improvement

There were no areas of improvement identified

Number of Requirements	0	Number Recommendations:	0
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

We inspected four care files of those residents who have been assessed as requiring continence management. Each file contained an individualised assessment and a plan of care was in place to manage this need. The care plans reflected the input of the district nurse as central within the process.

Is Care Effective? (Quality of Management)

The home has a policy on the management of continence. The policy in place was not comprehensive therefore a recommendation was made in this regard.

In our discussions with staff they were able to identify continence issues, and the importance of continued review and evaluation. Staff confirmed that that there was unrestricted availability of continence products and to protective gloves, aprons and hand washing facilities. Staff were aware of the process of disposal of used continence items in line with infection control guidance.

There was no malodour in any part of the home.

Is Care Compassionate? (Quality of Care)

In our discussions with staff they recognised the potential loss of dignity associated with incontinence. Staff provided examples of how they ensure, the resident's dignity and independence is maintained when assisting with individual continence management. From our observations of care practice we found residents were treated with care and respect when being assisted by staff. Continence care was undertaken in a discreet private manner. There

was a good standard of continence management in the home which is person centred, which was delivered with compassion.

Areas for Improvement

There was one area of improvement identified and a recommendation was made in regard to this.

Number of Requirements	0	Number Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Environment

We inspected the home's internal environment and found it to be clean and fresh smelling. Communal areas were well furnished and, in good decorative order.

Residents' bedrooms were individual and have been personalised to the residents' wishes and preferences. There was damage to a wall of one en suite the manager confirmed that two PVC panels will be replaced.

There are also plans to have a gym put in place for residents as they enjoy exercise and this is in the homes improvement plans.

5.4.2 Fire

The registered manager confirmed to us that fire training was up to date and records inspected confirmed this. Fire alarms were checked weekly from a different zone each time.

At the time of inspection there were no obvious risks observed in the environment.

5.4.3 Complaints

We reviewed the complaints records and noted that complaints had been appropriately managed.

5.4.4 Staff Views

We met with a total of six staff of various grades. All the staff spoke positively to us about their roles and duties, staff morale, team work and managerial support. Staff informed us that they felt a good standard of care was provided and that they had the necessary resources and skills to undertake their roles.

Staff comments included:

“there is good team work and there is always something going on for residents”

“I really enjoy working here”

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Patrick Black 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS 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 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations			
Recommendation 1 Ref: Standard 21.1 Stated: First To be Completed by: 27 July 2015	Policy Development The registered manager should ensure that the home's policy relating to the management of continence care is up dated.		
	Response by Registered Person(s) Detailing the Actions Taken: This policy is currently being reviewed and will be completed by the 27 July 15		
Registered Manager Completing QIP	Patrick Black	Date Completed	07/07/15
Registered Person Approving QIP	Colette Gray	Date Approved	07/07/15
RQIA Inspector Assessing Response	Patricia Galbraith	Date Approved	07/07/15

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address

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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.