

# Inspection Report

25 May 2022



## SENSE

Type of service: Residential Care Home  
Address: 41 Edenvale Avenue, Carrickfergus, BT38 7NP  
Telephone number: 028 9336 2792

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> SENSE  <b>Responsible Individual:</b> Mrs. Colette Gray	<b>Registered Manager:</b> Mrs. Claire Feeney  Not registered
<b>Person in charge at the time of inspection:</b> Ms. Donna Hanna Team Leader	<b>Number of registered places:</b> 10  To include people with physical disabilities and/or learning disabilities.
<b>Categories of care:</b> Residential Care (RC): SI – sensory impairment	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 8
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 10 residents. The home is divided into two bungalows which are interlinked by an enclosed courtyard garden. Each bungalow has five bedrooms with shared communal areas.	

## 2.0 Inspection summary

An unannounced inspection took place on 25 May 2022, from 10.20am to 3.30pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. All these areas of improvement were met.

Staff promoted the dignity and well-being of residents with kind, caring interactions.

Residents in large were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Seven areas of improvement were identified during this inspection. Two of these areas in relation to management of identified distressed behaviours and notifications pertaining to same were brought to the attention of the operations manager during this inspection and followed up thereafter with the HSC Trust, RQIA and the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the team leader in charge at the conclusion of the inspection.

### **4.0 What people told us about the service**

During this inspection all 10 residents were met with. In accordance with their capabilities all confirmed that they were happy with their life in the home, their relationship with staff, the provision of meals and social activities. One resident due to their behaviours was unable to articulate their views.

Discussions with staff confirmed that they felt positive about the provision of care but concerns were expressed in relation to staff absences and some specific care needs.

There were no returned questionnaires received in time for inclusion to this report.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 07 December 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (c) <b>Stated:</b> First time	The registered person shall ensure that cleaning materials are stored securely in accordance with the Control of Substances Hazardous to Health (COSHH) regulations	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Cleaning chemicals were stored safely and securely	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control deficits identified during this inspection are addressed.  This relates specifically to the following: <ul style="list-style-type: none"> <li>• The wearing and changing of aprons appropriately</li> <li>• Development of a policy/procedure in relation to the home's dress code and staff laundry arrangements</li> <li>• Inclusion of bare below the elbows at all times in the handwashing audits to enable effective handwashing</li> <li>• To address the areas of the environment identified to ensure that effective cleaning can be carried out.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These areas were examined and found to be individually addressed.	

<b>Area for improvement 3</b> <b>Ref:</b> Regulation 31 (1) b <b>Stated:</b> First time	The registered person shall ensure that RQIA is provided in writing of any notice of absence of a continuous 28 day period for registered persons.  <b>Action taken as confirmed during the inspection:</b> This absence was notified to RQIA.	<b>Met</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	The registered person shall ensure that where a potential risk has been identified in relation to the effective management of residents' weight loss and use of supplements, this is incorporated into the written plan of care.  <b>Action taken as confirmed during the inspection:</b> This issue of risk was clearly and concisely recorded in the care records.	<b>Met</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 10 <b>Stated:</b> First time	The registered person shall ensure that records of behaviour that challenges are regularly audited to identify any significant trends, patterns or triggers.  <b>Action taken as confirmed during the inspection:</b> These audits were being completed appropriately. .	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

The staff duty rota was maintained in good detail and accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of one staff member's assessment found this to be comprehensive in detail to account for the responsibilities of this role. Staff competency and capability assessments are reviewed annually with staff. This is good practice.

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis. Training in the

Deprivation of Liberty Level 2 was not provided and this was identified as an area of improvement. Training records were maintained on an individual basis for each member of staff. There was no matrix of the overall training for staff which made it difficult to monitor if training was being maintained on an up-to-date basis. A training matrix would easily identify these needs and would give better managerial oversight of this. This has been identified as an area of improvement.

Staff spoke positively about the provision of training and said that their training needs were also identified at supervision and appraisal.

Staff were able to describe their training in Adult Safeguarding and the steps they would take if they identified any concerns. Staff also were assessed on an annual basis on their competency with knowledge and understanding with Adult Safeguarding. This is good practice. Contact details for referrals were also displayed for staff.

Staff said there was good team work and that they felt that the care provided to residents was good. Concerns were expressed in respect of cover of staff absences and senior management support with some specific care needs. This was brought to the attention of the operations manager during and after this inspection for action and subsequent follow up.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### **5.2.2 Care Delivery and Record Keeping**

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were seen to engage with residents' consent with statements such as "Would you like to..." and "Are you okay with..." when delivering personal care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were appropriately managed. There was evidence of appropriate onward referral, eg with their GP, as a result of the post falls review.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was a good provision of meal choices including those residents who needed specialist diets. It was observed that residents enjoyed their lunchtime meal and their dining experience.

Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what residents had to eat and drink daily.

The needs of one resident, and how these impacted on the day to day life of the home was discussed at length with the Operations Manager. It was agreed that the home would request a care review from the Northern Health and Social Care Trust (NHSCT) to ascertain if the resident was appropriately placed within a residential setting. An update of the outcome of the review was shared with RQIA following the inspection. The need to ensure that the identified resident's needs are kept under review was discussed with the Operations Manager and an area for improvement made.

Residents care records were held confidentially. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review included the resident, the home staff and the patient's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

### **5.2.3 Management of the Environment and Infection Prevention and Control (IPC)**

The home was clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were maintained safely and securely.

An area of improvement was identified with a loose fitting wardrobe. This posed a risk if a resident were to pull on same in the event of a fall.

Fire safety records were well maintained with up-to-date fire safety checks of the environment, fire safety drills and fire safety training for staff. The home's most recent fire safety risk assessment was dated 19 August 2020. There were five recommendations from this assessment with no corresponding recorded statements of actions taken. This has been identified as an area of improvement. .

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



Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

#### 5.2.4 Quality of Life for Residents

Generally residents were seen to be comfortable, content and at ease in their environment and interactions with staff. Staff were observed to respond appropriately to manage distressed behaviours which impacted on the atmosphere within the home.

There was good activity provision for residents in a person centred basis, with a small group of residents enjoying a bus trip out with staff.

The genre of music and television played was in keeping with residents' age group and tastes.

#### 5.2.5 Management and Governance Arrangements

Mrs Claire Feeney the Manager of the home was not available during this inspection. Feedback was provided to the team leader in charge with pertinent issues reported to the Operational Manager during this inspection.

A review of the record of accidents and incidents found these to be appropriately recorded. There were a number of events of distressed behaviours which were not reported to RQIA nor were not recorded as being reported to the aligned named worker within the appropriate health and social care Trust.(HSC Trust). This has been identified as an area of improvement. The manager carries out a monthly audit of all accidents and incidents to establish if there are any patterns of trends and need for corresponding actions.

The home is visited each month by the Responsible Individual. A report is then published of these visits for relevant parties to examine. A review of the last two monthly monitoring visit reports found these to be well maintained with corresponding action plans put in place to address any issues identified.

Complaints were seen to be taken serious and effectively managed. Records of complaint were recorded appropriately. An area of improvement was identified to include in the home's Statement of Purpose the role of the HSC Trust in dealing with complaints.

#### 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4	3



Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Donna Hanna, Team Leader, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 June 2022</p>	<p>The registered person shall ensure that the needs of the identified patient are kept under review to ensure their needs are appropriately met within a residential setting. This review must be in consultation with the resident, their next of kin and aligned named worker.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> The needs of the identified person is continuous under review and they have been nurse assessed and a further request has been made due to staff concerns around behaviour. Social worker has agreed to request a further nursing assessment.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27(2)(t)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 June 2022</p>	<p>The registered person shall risk assess all free standing wardrobes in accordance with current safety guidance and take appropriate action as needed.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> All free standing wardrobes have been secured to the wall.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27(4)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 June 2022</p>	<p>The registered person shall submit a time bound action plan to the home's aligned estates inspector detailing how the five recommendations from the fire assessment dated 19 August 2020 will be address. The date of this next schedule fire safety risk assessment also needs to be made known to the aligned estates inspector.</p> <p>Ref; 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> An action plan was send to Gavin the esates inspector, given details of the recommendations and next inspection date is scheduled for 19<sup>th</sup> August 2023.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30(1)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 May 2022</p>	<p>The registered person shall ensure that any event that has impact on a resident(s) well-being such as heightened distressed behaviours are reported without delay to RQIA and the resident's aligned named worker.</p> <p>Ref; 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All incidents are being reported to RQIA and named workers</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 June 2022</p>	<p>The registered person shall ensure Deprivation of Liberty Level 2 training is put in place for all staff.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been completed by all staff and in place for all new starts</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 June 2022</p>	<p>The registered person shall put in place a staffing training matrix to provide the manager with an overview of staff training and to monitor if training was being maintained on an up-to-date basis.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A training metrix has been in place for a number of yearsbut on the day of inspection, there was no manager present and teamleaders do not have access to this but manager can make this available if requested. Team leaders have a paper version in service to allow them to support staff in a day to day bases.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 June 2022</p>	<p>The registered person shall review the home's Statement of Purpose to include the role of the HSC Trust in dealing with complaints.</p> <p>Ref; 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The home statement of purpose has been reviewed to include the role of the HSC trust in dealing with complaints.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care