

# Inspection Report

9 May 2024



## SENSE

Type of service: Residential Care Home  
Address: 41 Edenvale Avenue, Eden, Carrickfergus, BT38 7NP  
Telephone number: 028 9336 9346

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> SENSE	<b>Registered Manager:</b> Mrs Lindsay Mullan
<b>Responsible Individual:</b> Mr Martin Walls	<b>Date registered:</b> 13 April 2023
<b>Person in charge at the time of inspection:</b> Ms Lindsay Mullan	<b>Number of registered places:</b> 10
<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> 10
<b>Brief description of the accommodation/how the service operates:</b>	
<p>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 five bedded bungalows which are interlinked by a courtyard garden.</p> <p>Residents' bedrooms all have ensuite facilities. Residents have access to communal lounges and dining rooms and an enclosed courtyard garden.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 9 May 2024 from 9.30 am to 5.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during and 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.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents indicated that they were happy living in SENSE. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff told us that SENSE was a good place to work, there was a good sense of teamwork and that the manager was approachable and supportive.

Specific comments received from residents, staff and professionals are included in the main body of this report.

Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other. Staff were knowledgeable with regards to the residents' assessed needs and preferences.

New areas requiring improvement were identified in relation to staff appraisals, staff training, the storage of personal protective equipment (PPE), activities and the monthly monitoring visits.

RQIA were sufficiently assured that the delivery of care and service provided in SENSE was safe and compassionate and that the home was well led.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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

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

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

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

The findings of the inspection were discussed with Lindsay Mullan, Manager, at the conclusion of the inspection.

## 4.0 What people told us about the service

Residents responded warmly about the provision of care in the home, they were smiling and engaging with staff throughout the day. Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding when asked if they were happy.

Staff spoke positively in terms of the provision of care in the home. One staff member said, “the residents’ are thriving, things are going well.”

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One compliment from a resident’s family highlighted the excellent communication between the home and the family.

No questionnaires were returned by residents or relatives and no responses were received from the staff online survey.

## 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 14 December 2023		
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 27 (2)  <b>Stated:</b> Second time	The registered person shall ensure as far as reasonably practicable that <ul style="list-style-type: none"> <li>• the premises are kept in a good state of repair externally and internally;</li> <li>• all parts of the home are kept clean and reasonably decorated.</li> </ul>	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has not been met and is stated for a third time.  Please refer to section 5.2.3 for details	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (b) (d) (i) (f)  <b>Stated:</b> Second time	The registered person shall - <ul style="list-style-type: none"> <li>• make adequate arrangements for detecting, containing and extinguishing fires;</li> <li>• ensure, by means of fire drills and practices at suitable intervals, that the persons working in the home and, so</li> </ul>	<b>Met</b>

	<p>far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> This area for improvement has been met.</p>	
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 5.5 <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that all assessments are kept under review and amended as changes occur to accurately reflect the needs of the residents.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> This area for improvement has been met.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time</p>	<p>The registered person shall review the management of medicines prescribed 'when required' for distressed reactions, to ensure that a care plan is in place to direct staff and the reason for and outcome of each administration is recorded.</p>	<p><b>Carried forward to the next inspection</b></p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 31.2 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that an accurate record of medicines received into the home is maintained.</p>	<p><b>Carried forward to the next inspection</b></p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 31.2 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that an accurate record of medicines administered is maintained.</p>	

	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>
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## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. An introduction of a recruitment checklist was discussed with the manager and this will be reviewed at the next inspection.

The manager had a system in place to monitor staffs' registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were registered with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. It was noted that some staff had not completed the mandatory dysphagia training, while other staff had not completed their epilepsy management refresher training. This was discussed with the manager during feedback for action, an area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day. For example, all the residents were at home on the day of the inspection and staff were observed spending time with them both in the home and in the enclosed courtyard.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

A number of staff had not received their annual appraisal within this calendar year. This was discussed with the manager during feedback, an area for improvement was identified.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Observation of practice, review of care records and discussion with staff established that staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff were skilled in communicating with residents; they were understanding and sensitive to residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. For example, one resident became ill during the day and staff were observed supporting this resident in a respectful and sensitive manner.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and individual residents' care plans reflected this.

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

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.

The dining experience was an opportunity for residents to socialise; some residents requested to have their lunch in the courtyard and staff facilitated this. Music was playing, and the atmosphere was calm and relaxed. It was observed that residents were enjoying their meal and their dining experience. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were important to ensure residents received the right diet.

There was a choice of meals offered; the food was attractively presented, smelled appetising and portions were generous. There was a variety of drinks available. The lunch time experience was a pleasant and unhurried experience for the residents. The menu for the week was on display in one of the bungalows but not the other, the manager informed us that decorating was being completed in this bungalow and she agreed to redisplay the menu in the bungalow. This will be reviewed at the next inspection.

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.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' 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. A record of the meeting, including any actions required, was provided to the home.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. However, the kitchen in one of the bungalows remains in need of repair; work tops were damaged, cupboard doors were loose and the radiator cover was rusty. This was discussed with the manager during an inspection on 25 May 2023 and again at a further inspection on 17 August 2023. This was again discussed with the manager who confirmed that plans were in place to install a new kitchen by the end of May 2024. In addition to this it was observed that some of the rooms throughout the home were in need of redecorating, for example, in one of the bedrooms' paint was peeling away from the wall and some radiators throughout the home were noted to be rusty. This area for improvement has been stated for a third time.

Residents' bedrooms were personalised with items important to the resident. Corridors were clean and free from clutter or hazards, fire doors were unobstructed. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. The latest fire risk assessment was completed on 17 July 2023 and the manager confirmed that the actions from this risk assessment had been completed.

It was noted that PPE was being stored inappropriately, for example, aprons were draped over handrails, creating a potential infection control risk. This was discussed with the manager and an area for improvement was identified.

Staff were observed using PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures had been completed.

### 5.2.4 Quality of Life for Residents

The atmosphere in the home was calm and relaxed. Staff and residents were observed to be chatting and joking throughout the day. Residents were observed spending time watching TV, enjoying time with staff and sitting in the courtyard listening to music.

All residents attend day care on a daily basis, on the day of the inspection residents were on a day off from the centre and the staff had arranged activities in the home for them.

The manager told us that the care staff were responsible to ensure the activities took place. Care staff spoken with told us activities will happen when the residents are at home. However, there was no activity planner available to inform the residents and their relatives of the activity on the day and no records of the activities provided was observed. This was discussed with the manager during feedback and an area for improvement was identified.

## 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Lindsay Mullan has been the Registered Manager of this home since 13 April 2023.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Staff commented positively about the manager and highlighted the support she had offered them. Staff said, “the manager is very good, she is really supportive.”

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The safeguarding lead for the organisation was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, from September 2023 the reports of these visits indicated that they were announced, in addition to this there was no evidence of relative or visitor consultation. This was discussed with the manager during feedback and an area for improvement was identified.

The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 6.0 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 (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	7*

\* the total number of areas for improvement includes one regulation that has been stated for a third time and three standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Lindsay Mullan, Registered Manager, 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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2)  <b>Stated:</b> Third time  <b>To be completed by:</b> From date of inspection 25 May 2023	The registered person shall ensure as far as reasonably practicable that <ul style="list-style-type: none"> <li>• the premises are kept in a good state of repair externally and internally;</li> <li>• all parts of the home are kept clean and reasonably decorated.</li> </ul> Ref: 5.1 and 5.2.3
	<b>Response by registered person detailing the actions taken:</b> All areas identified that required re-decoration/renewal has now been completed. New kitchen installed in bungalow B and both kitchen radiators have been replaced.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2024	The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These visits should be unannounced and provide evidence of relative or visitor consultation.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> Monitoring visits will be unannounced and relative/visitor comments will be included in monthly report.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection 14 December 2023	The registered person shall review the management of medicines prescribed 'when required' for distressed reactions, to ensure that a care plan is in place to direct staff and the reason for and outcome of each administration is recorded.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 31.2  <b>Stated:</b> First time	The registered person shall ensure that an accurate record of medicines received into the home is maintained.  Ref: 5.1

<p><b>To be completed by:</b> From date of inspection 14 December 2023</p>	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 31.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection 14 December 2023</p>	<p>The registered person shall ensure that an accurate record of medicines administered is maintained.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2024</p>	<p>The registered person shall ensure that staff receive dysphagia and epilepsy management training, in line with their roles and responsibilities.</p> <p>Ref 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have completed Epilepsy training and also Dysphagia training either eLearning or face to face.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 24.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2024</p>	<p>The registered person shall ensure that a system is in place to make sure that all staff have a formal recorded appraisal annually.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have received their annual appraisal and outline goals for this year.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection 9 May 2024</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to:</p> <ul style="list-style-type: none"> <li>the correct storage of personal protective equipment</li> </ul> <p>Ref: 5.2.3</p>

	<p><b>Response by registered person detailing the actions taken:</b>                  New supplies of PPE have been sought to ensure these can go on to the holders that were purchased.</p>
<p><b>Area for improvement 7</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be completed by:</b>                  1 June 2024</p>	<p>The registered person shall ensure that a structured program of activities is offered to residents and that a record is kept of all activities that take place in the home.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>                  Activity folder in place and each resident has there own individual activity recording sheets. Staff will continue to complete this daily and also record if any resident declines the activity that is offered and offer an alternative.</p>

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



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