

# Inspection Report

<b>Name of Service:</b>	SENSE
<b>Provider:</b>	SENSE
<b>Date of Inspection:</b>	19 February 2025

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 Person:</b>	Mr Martin Walls
<b>Registered Manager:</b>	Alisha McNally –not registered
<p><b>Service Profile</b> – This home is a registered residential care home which provides health and social care for up to 10 residents with a sensory impairment. The home is divided into two five bedded bungalows which are interlinked by a courtyard garden.</p> <p>Residents’ bedrooms all have en suite facilities. Residents have access to communal lounges, dining rooms and an enclosed courtyard garden.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 19 February 2025, from 10.00 am to 3.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 9 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## **3.0 The inspection**

### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### **3.2 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. Residents were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Staff spoke positively in terms of the provision of care in the home. Staff comments included, "I like working here, there is a nice atmosphere and good team work," and "I enjoy it here, everyone is very supportive."

A visitor to the home said, "I have been coming in and out of the home for a year now, the staff are very knowledgeable, I have no concerns everyone appears to be very happy."

No questionnaires were returned by residents or relatives.

One response was received from the staff online survey. The respondent indicated that they were happy working in the home and that they felt the that the staff team had a professional attitude towards the residents.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing. A new member of staff confirmed that they had received a good induction and had completed all mandatory training prior to commencing employment.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

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

A number of staff had still not received their annual appraisal. This was discussed with the manager during feedback. An area for improvement has been stated for a second time.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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 appeared to be feeling unwell, staff were observed to be supporting this resident and reassuring them throughout the day. Staff were skilled in communicating with residents; they were respectful and sensitive to residents' needs.

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 also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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 and their diet modified.

Mealtimes were flexible to suit the needs of each individual resident. Staff were observed offering choices of meals and where they wished to eat.

Staff understood that meaningful activity was not isolated to the planned social events or games. It was noted that each resident had a detailed, individualised activity plan activities included, swimming, art, games and walks.

Activities for residents were provided which involved both group and one to one activities. Birthdays and annual holidays were celebrated.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

### 3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Homely touches such as photographs, books and access to the kitchens were noted throughout both bungalows.

Whilst there was evidence of improvements to the home in relation to a new kitchen and redecoration in some bedrooms; surface damage was evident throughout the home, for example some radiators and headrests were found to be rusty and therefore unable to be effectively cleaned. Details including photographic evidence was shared with the manager during feedback. An area for improvement was identified.

Fire safety measures were in place to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed on 1 July 2024; while some actions from this risk assessment had been completed; other actions were overdue, this was discussed with the manager during feedback and an area for improvement was identified.

PPE stations were sufficiently stocked with aprons and gloves. Staff use of PPE and hand hygiene was monitored by the manager and records were kept. Staff were observed to carry out hand hygiene at appropriate times. Inappropriate use of PPE was observed; for example, staff were observed to be wearing gloves when knocking on doors and writing up care records, in addition to this staff were not bare below the elbows, which is not in accordance with good

practice in infection prevention and control. This was discussed with both the staff and the manager during feedback for action. An area for improvement was identified.

**3.3.5 Quality of Management Systems**

There has been a change in the management of the home since the last inspection. Ms Alisha McNally has been the acting manager in this home since October 2024.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

**4.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	7*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Alisha McNally, 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 Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 24.5 <b>Stated:</b> Second time <b>To be completed by:</b> 31 March 2025	The registered person shall ensure that a system is in place to make sure that all staff have a formal recorded appraisal annually.  Ref: 3.3.1  <b>Response by registered person detailing the actions taken:</b> All staff have now had an annual appraisal. There is a system in place to ensure all staff have an annual appraisal recorded, this includes when staff complete their probation period

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6</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 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>Ref: 2.0</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 received into the home is maintained.</p> <p>Ref: 2.0</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 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: 2.0</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 5</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2025</p>	<p>The registered person shall ensure that the IPC issues identified during this inspection are addressed; this area for improvement relates to radiators and headrests which must be maintained in a manner which can be effectively cleaned.</p> <p>Ref 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> These issues have been raised with maintenance and there is a plan in place to resolve these issues</p>
<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 29.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2025</p>	<p>The registered person will ensure that all actions from the fire risk assessment are completed in a timely manner.</p> <p>Ref 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> All actions have now been completed</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 February 2025</p>	<p>The registered person shall ensure that all staff are aware of the importance on hand hygiene and that staff remain bare below the elbows.</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>This has been addressed with the team, it is now a standard agenda item during Team meetings and supervisions. Posters have been displayed around the building to remind staff of the importance of remaining bare below the elbows. This is also checked through hand hygiene competencies</p>

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



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