The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: SENSE

Provider: SENSE

Date of Inspection: 14, 17 & 29 October 2025

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

1.0 Service information

Organisation/Registered Provider:	SENSE
Responsible Individual:	Mr Martin Walls
Registered Manager:	Miss Alisha McNally- not registered

Service Profile –
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.

Residents' bedrooms all have en suite facilities. Residents have access to communal lounges and dining rooms and an enclosed courtyard garden.

2.0 Inspection summary

An unannounced inspection took place on 14 October 2025, from 9.30 am to 3.30 pm by two care inspectors. A finance inspector undertook the inspection on 17 October 2025, from 11.00 am to 2.00 pm and on 29 October 2025 from 10.00 am to 2.00 pm.

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 19 February 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

With regards to the finance inspection, due to information required to complete the inspection it was agreed to suspend the inspection on 17 October 2025 to allow the information to be retrieved. The inspection resumed on 29 October 2025. One area for improvement was identified in relation to the implementation of a revised transport scheme. Two findings identified under section 3.3.6 of this report will be reviewed at a future RQIA finance inspection.

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

As a result of this inspection, four areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been carried forward for review at the next medicines management 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 residents, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 such as smiling and nodding when asked if they were happy.

Staff said that they enjoyed working in SENSE, staff comments included, "I love it here, the staff are all very good, I get good learning," and "I love working here, there is great experience with the residents, I would recommend for anyone to work here."

No additional feedback was received from residents or relatives following the inspection, and there were no replies to the staff online survey.

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 systems in place to manage staffing.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the care staff on duty.

Staff said there was good teamwork and that they felt well supported in their role.

Concerns were identified regarding staffs knowledge and training in relation to dysphagia as staff appeared unsure of the correct International Dysphagia Diet Standardisation Initiative (IDDSI) levels for residents with in the home. Staff training in this area was not current and in some cases had been completed before the new IDDSI framework had been implemented. An area for improvement was identified.

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. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, day care for residents was not available on the day of the inspection and staff were observed using encouragement and respectful humour to support them to relax and to enjoy alternative activities in the home.

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 residents choice in how and where they spent their day or how they wanted to engage socially with others.

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.

Meal times were flexible to suit the needs of each individual resident, if, for example, a resident had a lie-in, a change in their routine or had gone out of the home for a walk. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Staff were observed assisting residents appropriately and respectfully with their lunchtime meal.

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.

The importance of engaging with residents was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

Life story work with residents helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

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.

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.

The doors to two separate offices were found to be left open and cupboards containing confidential information were unlocked and open. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy. It was positive to see improvements in the environment, for example, some residents' bedrooms had recently been redecorated. The manager confirmed that further improvements were planned for the upcoming months. Residents' bedrooms were personalised with items important to them. Communal areas were suitably furnished, warm and comfortable.

Corridors were clean and free from clutter and fire exits were unobstructed. One cupboard containing air freshener was accessible to residents and prescribed creams had been left unattended on top of a radiator. The importance of ensuring that all areas of the home are hazard free was discussed with the management team and an area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Alisha McNally has been the manager of this home since October 2024.

Staff commented positively on the manager and described her as supportive.

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.

3.3.6 Management of residents' finances and property

A safe place was provided within the home for the retention of residents' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of records of residents' monies and valuables confirmed that the records were up to date at the time of the inspection.

Bank accounts were in place to retain personal monies for a number of residents. A review of a sample of statements from the bank accounts evidenced that the accounts were in the names of the residents and only contained residents' monies. A review of sample of records of withdrawals from the bank accounts evidenced the amounts withdrawn reflected the amounts owed by the residents for services provided by the home.

Records confirmed that reconciliations (checks) between the monies and valuables held on behalf of residents and the records of monies and valuables held were undertaken in line with the Residential Care Homes Minimum Standards (Dec 2022) . Reconciliations of the residents' bank accounts were undertaken at Sense's head office. The records of the reconciliations were signed by the member of staff undertaking the reconciliations and countersigned by a senior member of staff.

Discussions with the manager confirmed that Sense was the appointee for one resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual. Benefits were paid into a bank account in the name of the resident. A review of a sample of bank statements showed that the amounts paid into the bank account agreed to the benefits owed to the resident.

The manager advised that Sense was in discussions with the Health & Social Care Trust regarding the current appointee arrangements for the resident. This arrangement will be reviewed again at the next RQIA inspection.

Two residents' finance files were reviewed; written agreements were retained within both files. The agreements included the details of the weekly fee paid by, or on behalf of, the residents and a list of services provided to residents as part of their weekly fee. The agreements reviewed were signed by the resident, or their representative, and a representative from the home.

A review of a sample of records of fees received on behalf of two residents evidenced that the records were up to date at the time of the inspection.

Discussions with staff confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the Health and Social Care Trusts.

A review of a sample of records of purchases undertaken on behalf of residents showed that the records were up to date. Two signatures were recorded against each entry in the residents' records and receipts from the transactions were retained for inspection.

The inspector commended the manager and administrator for the controls surrounding transactions undertaken on behalf of residents and the level of record keeping, which aided the audit process. Good practice was also observed as the details of the financial arrangements for each resident were retained within the residents' files.

The procedure for undertaking transactions on behalf of one resident was discussed with the manager. Following the discussion the manager agreed to implement a more robust system, which would aid the audit process. This procedure will be reviewed at the next RQIA inspection.

A sample of records of one resident's monies forwarded to the home from a Health and Social Care Trust was reviewed. The amounts recorded as received on behalf of the resident reflected the amounts on the records from the Trust.

A review of two residents' files evidenced that property records were in place for the residents. The records were updated with additional items brought into the residents' rooms and when items were disposed of.

Discussions with the manager confirmed that Sense was in the process of implementing a revised transport scheme for charging residents for journeys. The inspector discussed the proposed arrangements with the manager and a representative from Sense's head office. The representative from head office confirmed that the proposed scheme had not been shared with the relevant Health and Social Care Trusts (Trusts) for agreement.

Following the discussions, the manager agreed to forward the proposed transport charges to the relevant Trusts for review prior to the implementation of the scheme. The outcome of the review should be forwarded to RQIA once available. An area for improvement was identified.

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
Total number of Areas for Improvement	3	4*

* the total number of areas for improvement includes three standards which are carried forward for review at a future medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 19 (1) (b) **Stated:** First time **To be completed by:** 14 October 2025	The registered person shall ensure that confidential information relating to residents is safely secured. Ref: 3.3.3
	Response by registered person detailing the actions taken: This was implemented and relayed out to all staff, reminding them that office doors and cabinet doors should be closed when not in use.All staff who had not completed their Data protection eLearning have now been completed
Area for improvement 2 **Ref:** Regulation 14 (2) (c) **Stated:** First Time **To be completed by:** 14 October 2025	The registered person shall ensure as far as reasonably practical that all parts of the home to which residents have access are free from hazards to their safety. This is in relation to the safe storage of prescribed creams and air fresheners. Ref: 3.3.4
	Response by registered person detailing the actions taken: This was addressed with the staff who administered medications that day, and relayed to all staff, reminding them that all medications should be stored away safely. Staff have been advised to store COSHH items safely, both issues have been addressed through a team meeting and monitored through monthly Registered provider visits
Area for improvement 3 **Ref:** Regulation 12 (1) (b) **Stated:** First Time **To be completed by:** 30 November 2025	The registered person shall ensure that the proposed transport scheme is shared with the relevant Health and Social Care Trusts for review, prior to being implemented. The outcome of the review (including evidence that the Trusts are in agreement with the revised scheme) should be forwarded to RQIA once available. Ref: 3.3.6
	Response by registered person detailing the actions taken: The transport scheme is currently being reviewed with the finance team and the agreed outcome will be shared with relevant Trusts when finalised. This will be shared with RQIA once finalised

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 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: 2.0
	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.
Area for improvement 2 **Ref:** Standard 31.2 **Stated:** First time **To be completed by:** From date of inspection 14 December 2023	The registered person shall ensure that an accurate record of medicines received into the home is maintained. Ref: 2.0
	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.
Area for improvement 3 **Ref:** Standard 31.2 **Stated:** First time **To be completed by:** From date of inspection 14 December 2023	The registered person shall ensure that an accurate record of medicines administered is maintained. Ref: 2.0
	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.
Area for improvement 4 **Ref:** Standard 23.3 **Stated:** First time **To be completed by:** 31 December 2025	The registered person shall ensure that staff receive dysphagia training, in line with their roles and responsibilities. Ref 3.3.1 & 3.3.2
	Response by registered person detailing the actions taken: We have reviewed the renewal period for Dysphagia training, all staff who have not completed this training within the last 3 years have been enrolled onto a refresher course which will take place in November and December. The manager will monitor this on a monthly basis

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

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