The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: SENSE

Provider: SENSE

Date of Inspection: 9 February 2026

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

1.0 Service information

Organisation:	SENSE
Responsible Person:	Mr. Martin Walls
Registered Manager:	Ms. Rachel Arnott (Acting)
Service Profile – SENSE is a day care setting, which provides care and daytime activities to service users living with a sensory impairment and complex needs. The day care setting is located in Carrickfergus, and is open 9.00am – 5.00pm, Monday to Friday. The day care setting provides care and support for a total of 23 service users, with a maximum attendance of 18 per day.	

2.0 Inspection summary

A care Inspector carried out an unannounced inspection on 9 February 2026, between 09.00 am and 1.00 pm.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction, training and adult safeguarding. It also looked at the reporting and recording of accidents and incidents, complaints, whistleblowing, service user involvement, and Dysphagia management.

The inspector identified good practice in relation to feedback from service users and relatives, service user care plans and service user involvement. There were good governance and management arrangements in place.

SENSE uses the term 'students' or 'people we support' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

The Inspector identified no Areas for Improvement during this inspection. The Inspector assessed the Areas for Improvement identified at the last inspection as having been addressed

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 SENSE 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, the Inspector reviewed a range of information about the day care setting. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

The inspector provided information to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

3.2 What people told us about the service and their quality of life?

Throughout the inspection, the Inspector sought to speak with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of visiting or working in SENSE.

The service users gave very positive feedback. One of the service users stated that 'it's good here. I like coming here. The staff are nice'. Another commented that 'I enjoy coming here. There's loads to do'.

The Inspector also spoke with the relatives of service users. Their feedback was also positive. One stated that 'we rely on them so much'. Another said that 'my relative enjoys it and that's the most important thing'.

Staff also gave positive feedback. One stated that 'the manager is great'. Another commented that 'the manager has worked so hard in recent months and is very approachable'. Another stated that 'I feel very much part of the team here'.

The Inspector spoke with a visiting health care professional who stated that 'the staff are very approachable. My service user enjoys attending SENSE'.

Feedback from questionnaires indicated that service users have no concerns about the care provided in the day care setting, with respondents indicating that they were very satisfied that care provided was safe, effective and compassionate and that the service is well managed. Comments included 'I enjoy using the computer, swimming and going to the gym. Staff take care of me'. One relative of a service user raised a concern via the questionnaire about a relative's care plan. These issues were raised with the manager for taking forward within the service.

Areas for improvement from the last inspection on 8 August 2025		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 11 (1) **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall ensure that staff from other regulated settings are not deployed within the service as outlined within this report. Ref: 3.3.1	**Met**
	Action taken as confirmed during the inspection: As per the Action Plan to address this area, which was agreed on 13/11/25 by RQIA all aspects of this AFI have been addressed and implemented.	
Area for improvement 2 **Ref:** Regulation 14(1)(c) **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall ensure that care records in regard to the transportation of service users are completed and maintained in a comprehensive manner at all times. Ref: 3.3.3	**Met**
	Action taken as confirmed during the inspection: A review of the care records relating to transportation of service users has been completed and will be kept under review.	
Area for improvement 3 **Ref:** Regulation 11(1) **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall ensure there is an up to date and accurate record within the day care setting of any service users who may be subject to a Deprivation of Liberty safeguarding (DoLs) arrangement. Ref: 3.3.3	**Met**
	Action taken as confirmed during the inspection: The DoLS file has been reviewed and updated to ensure that the information contained is accurate and up to date. The RI and OM completes a monthly audit reflected in registered provider reports.	

Area for improvement 4 **Ref:** Regulation 17(1)(a) **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure that the Annual Adult Safeguarding report is completed in keeping with Regulations. Ref: 3.3.3 **Action taken as confirmed during the inspection**: The Quality Team now provides the RI with a Safeguarding report every 6 months.	**Met**
Area for improvement 5 **Ref:** Regulation 28(1) **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure that the monthly quality monitoring reports are completed in a robust and consistent manner in keeping with Regulation. Ref: 3.3.4 **Action taken as confirmed during the inspection**: MMRs have been reviewed following the inspection. These have now been updated to include additional areas.	**Met**
Area for improvement 6 **Ref:** Regulation 24(8) **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall ensure a completed Complaints Log is available for inspection. The manager must also be trained in the management and investigation of complaints. Ref: 3.3.4 **Action taken as confirmed during the inspection**: There is a new tracker in place to log complaints. The RM has completed complaints training with NIPSO.	**Met**

Action required to ensure compliance with the Day Care Settings Minimum Standards\z (revised), 2021		Validation of compliance
Area for improvement 1 **Ref:** Standard 24 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The Registered Person shall ensure records are kept of the recruitment, training, roles and responsibilities and monitoring and support arrangements of any volunteer deployed within the day care setting. Ref: 3.3.1	**Met**
	Action taken as confirmed during the inspection: The RI is reviewing processes about volunteers, liaising with volunteer department concerning volunteers' records and processes. Current volunteer placements are on hold until these processes are implemented.	

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The Inspector reviewed the day care setting's provision for the welfare, care and protection of service users. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the Inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or their care. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The person in charge was aware that the day care setting RQIA must inform RQIA of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

4.2 What are the systems in place for the promotion of service user involvement?

The inspector reviewed service users' care records and confirmed that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. The day care setting keeps care, support plans under regular review, and involves services users and / or their relatives in the annual care review, or when changes occur. The day care setting had undertaken regular reviews in keeping with its policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

The inspector also viewed evidence of the regular service users' meetings, which enabled the staff to keep service users updated on any issues arising that may affect them, as well as providing an opportunity to discuss the provisions of their care.

The inspector reviewed the annual quality report and this demonstrated evidence of service user consultation.

4.3 What are the systems in place for meeting the Dysphagia needs of service users?

The person in charge reported that some service users required a modified diet in line with Speech and Language Therapy (SALT) recommendations. The Inspector viewed a sample of these care plans and confirmed that these matched the professional assessments. The Inspector reviewed training records and discussions with staff confirmed that they had completed training in Dysphagia and felt competent in relation to how to respond to choking incidents should they occur.

4.4 What systems are in place for recruitment and are they robust?

The Inspector reviewed recruitment records and confirmed that the day care setting had recruited, inducted and trained staff in line with the regulations. The Inspector confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

The person in charge confirmed that the manager had oversight of recruitment of staff from Edenvale Residential Home. These staff supported their service users in the day care setting. The Inspector reviewed the day care setting's staff records and confirmed that staff held registration with the Northern Ireland Social Care Council (NISCC). The manager checked registrations monthly. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

4.5 What arrangements are in place for staff induction and training?

The day care setting provided staff with training appropriate to the requirements of their role.

The Inspector confirmed that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care. This ensures they are competent to carry out the duties of their job in line with the day care setting's policies and procedures. There was a formal induction programme of at least three days, which included shadowing of a more experienced staff member. The day care setting retained records of the staff member's capability and competency in relation to their job role.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The inspector reviewed the training matrix maintained by the day care setting and found the majority of training to be up to date. This matrix included staff from Edenvale Residential Home.

The person in charge reported that some of the service users currently required the use of specialised equipment. The Inspector reviewed care plans and confirmed that care plans and risk assessments matched the care needs of service users.

The day care setting had provided staff with training in relation to medicines management.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, the day care setting allow service users make their own decisions and assist them in doing so if required.

The Inspector confirmed that staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that two of the current service users were subject to DoLS. All documents were in place. A resource folder was available for staff to reference.

4.5 What are the arrangements to ensure robust managerial oversight and guidance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the day care setting's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of the care records of service users; accident/incidents; safeguarding matters; staff recruitment, training and supervision, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that SENSE managed complaints in accordance with its policy and procedure. The Inspector confirmed that the day care setting had managed these

appropriately. The day care setting continues to review these as part of the monthly quality monitoring process.

The Inspector reviewed records of regular staff supervision as well as annual appraisals. Examination of appraisal and supervision records indicated that the day care setting carried these out regularly as per its policies and procedures.

4.0 Quality Improvement Plan/Areas for Improvement

The Inspector did not identify any Areas for Improvement following this inspection. The Inspector discussed the findings of the inspection with Mrs. Gemma Kinnon (team leader and person in charge) and Mr Patrick Black (Operations Manager) as part of the inspection process. These can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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