The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **SENSE**

Provider: **SENSE**

Date of Inspection: **8 August 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/Responsible Person:	Mr. Martin Walls
Registered Manager:	Ms. Rachel Arnott, Acting
Service Profile – SENSE is a day care setting which provides care and day time 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. It is registered to provide care and support for up to 18 service users.	

2.0 Inspection summary

An unannounced inspection took place on 8 August 2025, between 10.20 am and 3.30 pm. It was carried out by care inspector.

Enforcement action resulted from the findings of this inspection. A number of breaches of regulations and standards were identified. This gave rise to serious concerns regarding effective governance and oversight within the agency. The breaches were in relation to managerial oversight and governance arrangements; staffing arrangements; the management of restrictive practices; complaints management; and monthly quality monitoring arrangements.

Deficits were also identified in relation to the absence of an annual safeguarding report, volunteer recruitment and the absence of transport risk assessments for service users.

A Serious Concerns meeting was held on 12 September 2025 with Mr. Martin Walls, Responsible Individual, Mr. Patrick Black, Operations Manager and Ms. Rachel Arnott, Acting Manager, to discuss these shortfalls.

During the meeting the Responsible Individual provided a full account of the actions taken/to be taken in order to drive improvements and ensure that the deficits noted at inspection are addressed. An updated action plan was submitted by the Responsible Individual after the Serious Concerns meeting.

Following the meeting, RQIA decided to allow the Responsible Individual a period of time to demonstrate that the improvements had been made in a sustained manner; the Responsible Individual was advised that a further inspection will be undertaken to assess the quality of ongoing care delivery and service provision to service users.

A Quality Improvement Plan was issued outlining the areas for improvement required in relation to the concerns identified.

SENSE uses the term 'students' 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.

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 service 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 day care setting. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors will seek the views of those attending and working in the day care setting; and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

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

During the inspection we spoke with a number of service users and staff members.

Service users told us that they loved attending the day care setting and were given lots of choices throughout their day.

Staff commented that they enjoyed working within the day care setting and were satisfied with the care and support provided.

The information provided indicated that there were no concerns in relation to the day care setting.

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 service users.

Discussion with the manager highlighted that staff regularly work within the setting who are not employed by the service. The Inspector was advised that these staff are substantively employed to work within a residential care home (SENSE, RQIA ID: 1695) which is operated by the same registered Provider. As such, the Manager had ineffective oversight with regard to the selection and recruitment of these staff.

The Manager also advised the Inspector that these staff were relied upon within the day care setting to support those service users who are resident within the aforementioned residential care home as they travel to, and attend, the day care setting.

In addition, these staff were expected, at times, to provide personal care and support to other service users attending the day care setting at the same time. Feedback from the Manager did not assure the Inspector that robust arrangements were in place to ensure that these staff were suitably informed regarding the assessed needs of all service users to whom they deliver personal care.

Discussion with the Manager further highlighted inadequate arrangements with regard to the induction of the staff who were employees of the aforementioned residential care home and working within the day care setting.

In addition, these staff were not appropriately named on the staff rota, nor were they included within staff training records. It was also noted that these staff did not receive supervision in relation to their caring role within the day care setting.

An area for improvement was made in regard to staffing arrangements.

Review of staff recruitment records for the day care setting's substantive staff 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.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager.

There was evidence 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, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. This induction programme also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

The interview process was reviewed. Interview records were competency based and detailed.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. The day care setting has maintained a record for each substantive member of staff of all training, including induction and professional development activities undertaken.

One volunteer was deployed within the day care setting. Full recruitment details and a clear outline of their roles and responsibilities were not available on the day of inspection. This has been identified as an area for improvement.

3.3.2 Care Delivery

Service users said that the care and support provided was a good. Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

There was a system in place which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in.

The staff in the day care setting administer medication to service users. There was evidence that medicines were handled safely and securely by staff.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the day care setting and before care delivery commenced. Following this initial assessment, care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

However, a review of a sample of service users' care and support plans indicated that they did not contain adequate information in relation to safe transportation. This has been identified as an area for improvement.

Service users' care records were held confidentially.

Care records were updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care. Efforts had also been made to ascertain service users' preferences and choices around how their support was provided. The details of care plans were shared with and signed by service users and/or their representatives as appropriate.

The management of restrictive practices was also considered. It was noted that there was no 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. While there was a DoLs register in place, it was noted to be out of date and had not been regularly reviewed. This has been identified as an area for improvement.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy. A specific individual was identified as the day care setting's ASC. It

was established there were systems and processes in place to manage the safeguarding and protection of adults at risk of harm.

However, the annual safeguarding position report was not accessible on the day on inspection. It was concerning that this overview and governance tool, that provides core information, was not available to both the manager and inspector. This has been identified as an area for improvement.

3.3.4 Quality of Management Systems

There has been a change in the management of the day care setting since the last inspection. Ms. Rachel Arnott has been the acting manager since 1 December 2024. RQIA will keep the acting management arrangements under review. Service users told us that they knew the identity of the manager and staff commented positively about the support they offered.

It was positive to note that staff required to be in charge in the absence of the manager had completed the necessary training and competencies to fulfil the responsibilities of the job role.

While there was evidence that quality monitoring visits had been undertaken on a monthly basis, these did not provide assurance that the quality of care delivery and service provision was being effectively and consistently quality assured. It was disappointing to note that the deficits identified by the Inspector had not been identified as part of these monthly visits.

As such, RQIA was not assured that robust governance arrangements were in place so as to enable the Responsible Individual and Manager to quality assure care delivery, identify deficits, and proactively drive service improvements. An area for improvement was made.

RQIA had been notified appropriately of any incidents or accidents that had occurred in the day care setting in keeping with the regulations. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The Annual Quality Report was reviewed and was satisfactory.

Arrangements for the management of complaints were also reviewed. A review of the complaints log evidenced that this was inadequately completed; discussion with the manager also highlighted that complaints training for the manager was insufficiently robust. This has been identified as an area for improvement.

3.3.5 Quality and Management of the Environment

The day care setting was observed to be clean and tidy, suitably furnished, warm, comfortable and free of clutter.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on 30 August 2024. Fire risk assessments for the setting were available for the inspection. It was positive to note that all staff had completed fire warden training. During the inspection, fire exits were observed to be clear of clutter and obstructions.

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	6	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and Operations Manager, 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 Day Care Setting Regulations (Northern Ireland) 2007	
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
	Response by registered person detailing the actions taken: As per the Action Plan to address this area which was agreed on 13/11/2025 by RQIA all aspects of this Area of Improvement 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
	Response by registered person detailing the actions taken: A review on 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
	Response by registered person detailing the actions taken: The DoLs file has been reviewed and updated to ensure that the information contained is accurate and up to date. Registered person 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 Regulation. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Quality team now provides the Registered Person with a Safeguarding Report every 6 months.
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
	Response by registered person detailing the actions taken: Monthly quality monitoring reports have been reviewed following the inspection. These have now been updated to include additional areas.
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
	Response by registered person detailing the actions taken: There is a new tracker in place to log complaints. The manager completed complaints training held by NIPSO.

Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021	
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
	Response by registered person detailing the actions taken: Registered person is reviewing processes in regard to volunteers, liasing with volunteer department to put in place appropriate records and processes. Current volunteer placements are on hold until these processes are implemented.

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

The Regulation and Quality Improvement Authority

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