

# Unannounced Care Inspection Report 1 May 2018



## Thackeray Place

**Type of Service: Residential Care Home**  
**Address: 12 Ballyclose Street, Limavady, BT49 0BN**  
**Tel No: 028 7776 3011**  
**Inspector: John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 32 beds that provides care for residents under categories of care as detailed in 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust  <b>Responsible Individual(s):</b> Dr Anne Kilgallen	<b>Registered Manager:</b> Pamela Campbell – Acting Registered Manager
<b>Person in charge at the time of inspection:</b> Ann McIvor – Senior Care Assistant until 13.45 then joined by Pamela Campbell	<b>Date registered:</b> Acting capacity since September 2017
<b>Categories of care:</b> Residential Care (RC) A - Past or present alcohol dependence I - Old age not falling within any other category	<b>Number of registered places:</b> 32

### 4.0 Inspection summary

An unannounced care inspection took place on 1 May 2018 from 10.30 to 15.00 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, supervision and appraisal and adult safeguarding and maintenance of care records. Good practice was also found in relation to communication between residents and relevant stakeholders, management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to senior care assistant cover and the permanency of registered manager's position, bathing and showering facilities and the fire safety risk assessment. Other areas of improvement were identified in relation to the risk assessments for safe and healthy working practices, the repair of a photocopier and the legionella risk assessment.

Feedback from residents throughout this inspection was all positive with residents warmly praising the provision of care, the kindness and support received from staff, the provision of activities and events and the provision of meals.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

## 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Pamela Campbell, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent finance inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 October 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 20 residents, five staff of various grades and the manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- A sample of competency and capability assessment
- Staff training schedule/records
- Three residents' care files
- Residents' progress records
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 12 October 2017**

The most recent inspection of the home was an announced finance inspection.

The completed QIP was returned and approved by the finance inspector.

This QIP will be validated by the finance inspector at the next finance inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 21 September 2017**

There were no areas for improvements made as a result of the last care inspection.

## **6.3 Inspection findings**

### **6.4 Is care safe?**

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Concerns were however raised regarding senior staffing levels in that there was a lack of permanent senior care assistants in post. Together with covering of absences, the manager had to undertake these duties which left unsatisfactory managerial cover in the home as a whole. This has been identified as an area of improvement in accordance with legislation. An action plan should be submitted to RQIA detailing how this deficit will be resolved. During discussion with residents and staff they said that they had seen no shortfalls in the provision of care provided but they clearly recognised the pressure of the workload of the manager covering senior care assistant duties.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Inspection of a completed an induction record and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was inspected during the inspection.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of a completed staff competency and capability assessments was reviewed and found to be satisfactory.

Discussion with the manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the Western Health and Social Care Trust's personnel department. The manager confirmed that no new staff have been recruited since the previous inspection.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

There were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

There were risk management policy and procedures in place. An inspection of the records of risk assessment relating to safe and healthy working practices found that these were largely out of date and in need of a comprehensive review. For example, the risk assessment pertaining to radiators/hot surfaces was dated 2009. This has been identified as an area of improvement in

accordance with standards for a comprehensive review to be put in place with all these assessments and maintained accordingly.

The manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. An up-to-date LOLER service inspection report was in place.

The legionella risk assessment was not available at this time. This issue of improvement in accordance with standards was identified for this date of the most recent assessment with outcome as a result to be submitted to the aligned estates inspector.

Inspection of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

There had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was clean and tidy with décor and furnishings adequately maintained. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items.

Two baths were not operational leaving one shower operational for the entire home. This issue had been identified for some time but with no satisfactory action taken. This area of improvement in accordance with legislation was escalated to senior management in the Trust for prompt and satisfactory resolution. Confirmation was received from senior management that repairs to the two baths had been put in place on 4 May 2018.

An office photocopier was broken for some period of time. This resulted in staff having to rewrite medication prescription records and transfer information when a resident would, for example, need to go to hospital or another home. This has been identified as an area of improvement in accordance with standards to make good this situation.

There were other no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 21 September 2017. There was one recommendation made from this assessment but this had no corresponding detail of action taken in response to this. This has been identified as an area of improvement in accordance with legislation for an action plan with timescales to be submitted to the home's aligned estates inspection detailing the action taken.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning



outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal and adult safeguarding.

### Areas for improvement

Areas of improvement were identified in respect of senior staffing provision, bathing and showering facilities, the fire safety risk assessment, safe and healthy working risk assessments, legionella risk assessment and repair of an office photocopier.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	3

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome**

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of three residents' care records was undertaken. This confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments such as manual handling, nutrition and falls were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident.

Discussion with staff confirmed that a person centred approach underpinned practice. This was reflective of their knowledge and understanding of individual residents' assessed needs, likes and dislikes and social preferences.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Records were stored safely and securely in line with data protection.



The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Further evidence of audit was contained within the monthly monitoring visits reports.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers.

Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector met 20 residents in the home at the time of this inspection. All spoke in complimentary terms about the provision of care, the kindness and support received from staff, activities and events and the provision of meals. Some of the comments made included statements such as:

- "I like it here very much. Everyone is simply marvellous"
- "It's a 100% here. It's just like a hotel. You couldn't ask for better"
- "There is a lovely atmosphere. Everything is run right"
- "The staff are tremendously busy but always make time for you and have always a smile"
- "There are never any problems. This is a great home"

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was evidenced by the review of care records which included care plans in respect of the management of pain, trigger factors and prescribed medication. This was further evidenced from inspection of progress records in that statements of assessed need such as pain had a recorded statement of care/treatment given with effect of same.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

A senior care assistant and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Observation of the lunchtime meal found it to be appetising and nicely presented. Supervision and assistance with residents' needs was done with care and kindness.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection there was a visiting hairdresser in attendance, with other residents enjoying the company of one another, reading or watching television or resting. A planned programme of activities was in display. There were also photographs on display of recent entertainment events in the home.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

## Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The manager outlined the management arrangements and governance systems in place within the home. As detailed in 6.4 the management arrangements for the manager having to cover senior care assistant duties on an on-going basis is unsatisfactory and has been identified as an area of improvement in accordance with legislation.

The manager confirmed that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents' and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and leaflets. Discussion with the manager confirmed that she was knowledgeable about how to receive and deal with complaints.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. One complaint had been recorded since the last inspection had been dealt with appropriately. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The reports for December 2017 January and February 2018 were inspected and were adequately maintained. The reports of March and April's visits had yet to be published.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships.

### Areas for improvement

One area of improvement was identified in respect of this domain. This is in relation to seeking permanency of the registered manager's position.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Pamela Campbell, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 8 (1) ( a ) and Regulation 20 (1) ( a )</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2018</p>	<p>The registered person shall submit an action plan to address the deficit in senior care assistant cover and also addressing the permanency of the registered manager's position.</p> <p>Ref: 6.4 and 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The deficit in Senior Care Assistants has been resolved with a new Senior Care Assistant who commenced duty on 17.5.18 and a permanent Officer in Charge appointed taking up post mid June 2018. This will allow (A) OIC to return to her post as Senior Care Assistant filling the 3 posts of Senior Care Assistants.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (j)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2018</p>	<p>The registered person shall submit an action plan with timescales to the home's aligned estates inspector detailing how the deficit and unsatisfactory provision of bathing/showering facilities will be resolved.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The bathing situation in Thackeray was resolved on 4.5.18 when Estates Services visited the home and repaired the Malibu bath thus giving provision of choice to residents of bath or shower. Costing for a new bath for Thackeray was put forward to the appropriate channels and has now been approved.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 June 2018</p>	<p>The registered person shall submit an action plan with timescales to the home's aligned estates inspector detailing how the recommendation in the home's fire safety assessment dated 21 September 2017 will be dealt with.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The recommendation in the home's fire risk assessment is dealt with monthly by TMC a company used through Estate Services who maintain the emergency lighting in Thackeray RHOP. Estates Services for the Western Trust do the Annual testing and the registered manager of the home has spoken with the Compliance Officer in Estates and requested that they carry this out urgently. The registered manager has now received all invoices from TMC detailing all monthly checks carried out.</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28.5  <b>Stated:</b> First time  <b>To be completed by:</b> 1 August 2018	The registered person shall put in place a comprehensive review of all safe and healthy working practices and maintain accordingly.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> The registered manager has now in place, reviewed and updated risk assessments regarding safe and healthy working practices.



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2018</p>	<p>The registered person shall submit the date of the most recent legionella risk assessment with outcome as a result to the home's aligned estates inspector.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The most recent Legionella risk assessment is dated 2.9.16 and is due for review again no later than August 2018. The report is now available to read in Thackeray RHOP.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 28.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2018</p>	<p>The registered person shall make good the situation with the out of use office photocopier.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> There is a new printer, photocopier and scanner allocated to Thackeray Place RHOP, waiting now to be installed.</p>



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