



Unannounced Care Inspection Report

21 June 2019



Thackeray Place

Type of Service: Residential Care Home
Address: 12 Ballyclose Street, Limavady, BT49 0BN
Tel No: 0287776 3011
Inspector: Heather Sleator

www.rqia.org.uk

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 32 residents.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Registered Manager and date registered: Jacqueline McCafferty 14 March 2019
Responsible Individual: Anne Kilgallen	
Person in charge at the time of inspection: Jacqueline McCafferty	Number of registered places: 32
Categories of care: Residential Care (RC) I - Old age not falling within any other category A – Past or present alcohol dependence.	Total number of residents in the residential care home on the day of this inspection: 24

4.0 Inspection summary

An unannounced inspection took place on 21 June 2019 from 10.00 hours to 16.45 hours

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of the previous medicines management inspection have also been reviewed and validated.

Evidence of good practice was found in relation staff's attentiveness to residents and resident care. The environment was safely managed without detracting from the homely atmosphere.

Patients were attended to by their GP and other healthcare professionals as they required. The delivery of care took into account personal choice and independence for patients. Staff worked well as a team to deliver the care required.

We observed that patients were offered choice within the daily routine, that systems were in place to provide patients with a say in the day to day running of the home and that the activities provided had a positive impact on the patients.

Areas for improvement were identified in relation to the environment, the governance arrangements of the home including the supervision and appraisal of staff, auditing of residents care records, complaints and accidents, evidencing that the opinion of residents is sought and the action taken to suggestions made and effective quality monitoring .

Residents described living in the home as being a good experience and in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents and staff during the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*9	*5

*The total number of areas for improvement includes one regulation which has been stated for a third time, three regulations which have been stated for a second time and one standard which has been stated for a second time.

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

As a result of the inspection, RQIA were concerned that the quality of care and service within Thackeray Place was below the minimum standard expected regarding the nursing, health and welfare of residents and the effective governance arrangements in the home. The findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. The inspection findings were communicated in correspondence to Dr Angela Kilgallen, Responsible Individual, Western Health and Social Services Trust and a meeting took place at RQIA on 24 July 2019. At this meeting an action plan was submitted by the Assistant Director of Care and accommodation, John McCosker, as to how and when the concerns raised at the inspection would be addressed by management. Appropriate assurances were provided to RQIA as to how the concerns would be addressed and a follow up inspection will be planned to validate compliance.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 24 January 2019

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

No further actions were required to be taken following the most recent inspection on 24 January 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 6 June to 21 June 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- recruitment and selection procedures
- three residents' care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement one was met, one was partially met and three were not met.

Areas of improvement identified at previous medicines management inspection of 12 October 2018 have been reviewed. The two areas identified for improvement were met.

6.2 Inspection findings

6.3 Is care safe?

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

Staffing levels within the home were reviewed with the registered manager. The registered manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We asked patients about staffing levels and none expressed any concern. Several patients spoke positively about the home to the inspector, including comments such as:

- “Staff do things very quickly when I ask.”
- “Staff all seem to work well together.”

A review of the staffing rota and discussion with the registered manager evidenced that while there was sufficient senior staff there was only one permanent senior care assistant. There were two senior care assistants in post on a temporary basis and a senior care assistant who worked on an as and when required basis. The movable arrangements of the senior team had an impact on the governance of the home and this will be discussed throughout the report. This had previously been identified in the report of 13 November 2018 and 3 May 2018 and has been stated for a third time in this report. We were told by staff that recently the number of care assistants on duty from 13:00 hours until 08:00 hours the following day, the number of care assistants on duty had been reduced from three to two care assistants. Care staff stated that this could be problematic particularly at mealtimes. The registered manager is required to ensure that the staffing arrangements of the home are sufficient to meet the needs of the residents through the day and night and are in accordance with Residential Care Homes Standards, 2011. One senior staff member commented: “Very caring staff here and very good at coming to you if they have a query about a resident.”

Discussion with both the registered manager and staff provided assurance that staff were effectively supported by the registered manager through informal conversation and a process of supervision and annual appraisal. A supervision planner was available for the senior care assistants however a planner for the supervision of care staff was not. This has been identified as an area for improvement. Three staff were spoken with individually and each one expressed a high level of satisfaction with the support they received from the registered manager. Staff comments included:

- “It’s a really lovely place to work.”
- “You can go to the manager about anything.”

Feedback from staff also provided assurance that new members of staff undergo a formal, structured period of induction. However, the review of a staff member’s induction training programme did not evidence that the training had been fully completed, the induction record had not been signed and dated and the registered manager had not validated that induction had been completed satisfactorily. Induction training must be completed for any staff member when commencing in the home. This has been identified as an area for improvement.

We reviewed the competency and capability assessments for the person in control of the home in the absence of the manager. One assessment was incomplete as it had not been signed and dated by the registered manager and the staff member and an assessment for another staff member wasn't available. It is important that evidence is present in this area due to the levels of responsibility and accountability involved. This has been identified as an area for improvement.

A review of governance records did not provide assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. The review of the records evidenced that some which should have been reported to RQIA had not been. This was discussed with the registered manager who was advised that all senior staff need to be made aware of what is reportable, as stated in The Residential Care Homes Regulations (Northern Ireland) 2005. This has been identified as an area for improvement. A review of records did not confirm that on at least a monthly basis accident and or incidents, including falls, occurring in the home had been analysed to identify if any patterns or trends were emerging. Following this review an action plan should be devised to address any identified areas. This information should also be reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Residential Homes Regulations (Northern Ireland) 2005. The governance arrangements, regarding the management of accident and incidents, has been identified as an area for improvement.

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of either face to face instruction or using online resources. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home.

The management of adult safeguarding within the home was discussed with the registered manager. It was confirmed that adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents.

We looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. It was pleasing to note that several communal areas, including a lounge and dining room appearing bright and welcoming to patients and visitors. However, there were some areas of the environment, which had been identified as an area for improvement at the previous inspection of 13 November 2018, which required urgent attention, namely the flooring and décor of a number of residents' bedrooms. The identified areas were viewed and the action required had not been taken. A number of other bedrooms also evidenced that the flooring was in need of repair. This area of improvement has been stated for a second time in this report. Inappropriate storage in the male and female staff changing rooms was identified as an area for improvement at the previous inspection of 13 November 2019. These rooms were viewed and were still being used for storage purposes. This area for improvement has been stated for a second time in this report.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs.

We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Staff confirmed that the fire detection and warning system was tested weekly and that they were aware of the need to complete fire safety drills/evacuations as part of their training programme. The most recent fire risk assessment of the home was dated 9 November 2018 and there were no recommendations made.

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 for improvement were identified regarding the environment, staff induction, the competency and capability assessments and the reporting of accidents/incidents to RQIA

	Regulations	Standards
Total number of areas for improvement	2	2

6.4 Is care effective?

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

Feedback from both the registered manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of patients during these meetings.

Staff who were spoken with stated that if they had any concerns, they could raise these with the registered manager. Staff spoke positively about working within the home. Staff commented, "I love it here."

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

The care records also evidenced that staff regularly communicated with patients' families or representatives and also used a range of risk assessments to help inform the care being provided.

However, the review of three residents care records did not evidence that these were being maintained in accordance with the regulations, care standards and best practice. Care records evidenced that risk assessments' and care plans had not been reviewed on a regular basis therefore prescribed care did not reflect the resident's current needs. Residents care records must be maintained accurately and reflect the current needs of the residents. This has been identified as an area for improvement.

Information had been written in the residents' progress notes and this information was not reflected in the residents care plans. This had been identified as an area for improvement in the previous inspection report of 18 November 2018 and has been stated for a second time in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the communication between residents and staff.

Areas for improvement

An area for improvement was identified for improvement in relation to the assessment and care planning processes.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 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.

We arrived in the home at 10.00 and were met immediately by staff who offered us assistance. Residents were present in the lounges or in their bedroom, as was their personal preference. The atmosphere in the home was welcoming. Observations of interactions throughout the day demonstrated that patients relating positively to staff and to each other. Patients were engaged by staff with respect and encouragement at all times. One patient commented, "I don't get time to be lonely here" and "I'm still more than happy here."

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. Patients have the opportunity to worship as there is a service weekly on Sunday's.

We observed the serving of the midday meal. The meal service was relaxed and not rushed in any manner. Residents had a choice of meals and staff were knowledgeable about the specific dietary needs of the residents. One resident commented, "Always good food here."

We reviewed the systems in place to ensure that the views and opinions of the residents were sought and taken into account. The last residents meeting was 23 May 2019, the minutes of the meeting weren't available. Previous to the meeting in May the last residents meeting was in November 2018. The registered manager was advised to try and increase the frequency of residents meetings. It was unclear when reviewing the information relating to the annual quality survey with residents and/or relatives of the outcome. The information presented at the inspection wasn't dated and hadn't been summarised therefore it was difficult to assess if any suggestions made by residents or their families were actioned. It is important that the voice of residents is heard and when their opinions are sought evidence should be present of the action taken, or not, by management to any suggestion made. This has been identified as an area for improvement. During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in the monthly monitoring reports that were reviewed.

Staff members' comments and actions, along with the views expressed by residents confirmed that compassionate care was being provided in Thackeray Place.

Residents spoken with during the inspection made the following comments:

- "Staff are very helpful."
- "I've no complaints about here."
- "I'm very happy here."
- "I had to give up a bit of freedom when I came here but there's activities."
- "I'm well looked after."
- "Very pleasant staff."
- "Staff are very busy all day."
- "I would recommend this home."
- "Very, very good here."
- "Good to know there's always someone here during the night."
- "I'm comfy enough, happy as Larry."
- "It's a very good place to be in."
- "It's a great place and staff are always in good form."
- "Very, very good to me, couldn't get better."
- "Staff couldn't do anymore for me."
- "We have an excellent staff."
- "Only have to ask and the service is provided."
- "It's a home and that's exactly what it is."

There were seven completed questionnaires returned to RQIA from residents. The respondents stated that they were very satisfied that the care afforded in the home was safe, effective and compassionate and that the home was well led. Additional comments included:

- "Our home is par excellence thanks to management and the staff."
- "I genuinely feel that staff look very tired at present. They work hard and are very generous and kind on all occasions and would benefit greatly from a staff increase."

We spoke to staff who confirmed that they were happy to work in Thackeray Place and felt well supported by the manager. Comments included:

- "It's a lovely place to work."
- "Very caring staff here and very good at coming to you if they have a query about a resident."
- "Can go to the manager about anything."

There were no completed questionnaires returned to RQIA from staff prior to the issue of this report.

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 patients and their representatives and the activities programme.

Areas for improvement

An area for improvement was identified in relation to seeking the opinion of residents and the action taken by staff to any suggestion made by a resident.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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 registered manager is the person in day to day operation of the home; the current manager has been registered with RQIA since March 2019. The registered manager reported that she was well supported by her line manager within the Western Trust. A review of the duty rota evidenced that the registered manager's hours were clearly recorded. Patients and staff reported that the manager was very approachable and available to speak to. One resident commented, "Manager is very good, if I need anything I can talk the manager, she listens to you."

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. We reviewed the complaints record and the last recorded complaint was in 2014. At the previous inspection of 13 November 2018 shortfalls were identified in the recording of any expression of dissatisfaction. The issues discussed at the time of the previous inspection were not reflected in the complaints record. This area for improvement has been stated for a second time in this report.

The registered manager should have a robust system to review the services delivered by completing a range of monthly audits. There was a lack of evidence to support that a robust system was in place regarding, for example; complaints, accidents and incidents, competency and capability assessments, induction of new senior staff, ensuring the services provided are what residents want, the environment/premises and residents care records. The need for more effective monitoring (governance) has been identified as an area for improvement.

In addition, monthly quality monitoring reports completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were reviewed. Copies of the reports were available for residents, their representatives, staff and Trust representatives. However, it was disappointing that the areas identified in this report had not been identified in the monthly quality monitoring report and action plans put in place to address the shortfalls. This has been identified as an area for improvement.

We asked to review the annual quality report for 2018/19, which reports on the quality of care and other services provided by the home. The report should include the opinion of residents and be made available for residents, relatives and other interested parties. This has been identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation maintaining good working relationships with residents and staff.

Areas for improvement

The following areas were identified for improvement in relation to effective governance, the availability of the annual quality report including the monthly quality monitoring report.

	Regulations	Standards
Total number of areas for improvement	2	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline McCafferty, Registered 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	
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: Third time To be completed by: 2 September 2019	<p>The registered person shall submit an action plan to address the deficit in senior care assistant cover.</p> <p>Response by registered person detailing the actions taken: We have recently appointed a permanent Senior Care Assistant and now have 2 permanent SCAs in post. We are currently working with a Nursing Agency to arrange to block book a Band 5 Care Assistant (CA). A Business Case for funding is being made to be able to recruit into post on a temporary or permanent basis.</p>
Area for improvement 2 Ref: Regulation 27 (2) (l) Stated: Second time To be completed by: 5 August 2019	<p>The registered person shall make good the inappropriate storage in the female and male changing rooms.</p> <p>Response by registered person detailing the actions taken: The items stored in the male and female changing rooms have been removed and disposed of, returned to stores or relocated to alternative storage facilities.</p>
Area for improvement 3 Ref: Regulation 19 (1) (a) Schedule 3 (3) (k) Stated: Second time To be completed by: 1 August 2019	<p>The registered person shall ensure that identified issues of assessed need in the progress records have a recorded statement of care/treatment given with effect(s) of same.</p> <p>Response by registered person detailing the actions taken: All SCAs and CAs have been made aware via handover, team meeting, and written communication that a contemporaneous note of all care and services provided to the resident including a record of their condition and any treatment or other intervention is required. The Officer in Charge (OIC) is inspecting these notes twice daily Monday – Friday where possible and recording/requesting, as necessary, areas that require follow up to ensure issues of assessed need have a recorded statement of care/treatment given with effects of same. The OIC has instructed SCAs to undertake this task in her absence. The OIC has requested training in recording from the social services training team.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 24 (3)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure that any expression of dissatisfaction or complaint are recorded in the record of complaints and managed accordingly.</p> <p>Response by registered person detailing the actions taken: All staff (including catering and domestic) have been reminded of Regulation 24 via team meeting and handover. This is also on the agenda for discussion at SCA/CA supervision. The domestic and catering staff manager has reminded staff of Regulation 24 via team meeting. The Complaints Policy has been displayed in the staff room for all staff. They are required to sign that they have read and understood same. The OIC and Senior Social Worker for Governance (PCOP) have been asking staff for their understanding of Regulation 24 at periodic intervals. All staff are aware that any expression of dissatisfaction or complaint must be recorded and the OIC will ensure they are managed accordingly through the Trust's complaints procedure and outcomes/learning shared with the relevant person(s). The Complaints Procedure is available in all residents' rooms to ensure they or their family/friends are aware of how to make a complaint. Complaints is a standing item on all staff and resident meeting agendas. Complaints awareness training is to be arranged for all staff.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 5 August 2019</p>	<p>The registered person shall ensure that a competency and capability assessment is completed for the person in charge of the home in the absence of the registered manager.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All staff working as Band 5 have had updated competency/capability assessments undertaken. There are some outstanding training needs for 2 SCAs that will be completed by the end of September. These outstanding training needs would not prevent residents from receiving continuity of care in the absence of the Registered Manager as is reasonable to meet their needs. These will be updated annually or as often as is required.</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: 5 August 2019</p>	<p>The registered person shall ensure that any accident or incident that may occur is reported to RQIA in accordance with regulation 30 and that staff are made aware of what is reportable.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All staff have been made aware of Regulation 30 and what is a reportable incident. This has been done via team meeting and handover. It is also on the agenda for discussion at SCA/CA supervision. The OIC, 2 SCAs and 1 A/SCA have undertaken a refresher datix training session. A further session is to be arranged for an A/SCA who was unable to attend. All SCAs are aware of procedures to follow i.e., datix, notifiable incident, reviewing/updating care plans and risk assessments and appropriate follow up. The domestic/catering staff Manager has also reminded staff of Regulation 30 via their team meetings. The Registered Person will report any incident/accident in accordance with Regulation 30 and ensure learning is shared with staff. The OIC and Senior Social Worker for governance (PCOP) have been asking staff for their understanding of Regulation 30 at periodic intervals.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 12 August 2019</p>	<p>The registered person shall ensure that residents care records are written and regularly reviewed so as to promote and make proper provision for the health and welfare of residents.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All residents files have been reviewed and risk assessments/care plans updated. The OIC has provided SCAs with advice/training in relations to risk assessments and care plans, however, further training has been requested from the Social Services training team. A Care Management review schedule has been set out for all residents. To further inform decision making and care planning at the review, updated assessments of need will be provided by the Community Social Worker where required. SCAs each hold individual responsibility for a certain number of residents. They are responsible for ensuring the care records are reviewed on a 3 monthly basis which the OIC will inspect in supervision, however, all SCAs and OIC have a collective responsibility for ensuring care records are reviewed/updated as required. SCAs should ensure the care plans are individualised and person centred to reflect the needs of residents. CAs are also responsible for ensuring that any changes to residents needs are communicated to allow for records to be updated. The Head of Service (HoS) will examine a sample of care records during monthly monitoring visits and communicate any actions arising to the manager.</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2019</p>	<p>The registered person shall ensure that robust and effective governance systems are implemented so as to monitor the quality of care and other services provided by the home.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The HoS will monitor OICs supervision of SCAs to ensure they are compliant with standards. The OIC will audit band 5's supervision of band 3's to ensure they are compliant with standards. The OIC will also inform SCAs for items to be included on band 3's supervision agenda. The supervision contract is currently being reviewed and renegotiated with input from a principal social worker practitioner. The OIC and SCAs recently undertook updated datix training. Accident/incidents for the past 2 years have been examined and a report has been compiled. The OIC will look at incidents on a monthly basis to identify trends/patterns areas of concern/lessons learned. This will be communicated via handover and team meeting. The incidents will also be looked at 3 monthly in supervision to ensure any learning is being incorporated into care plans and risk assessments. Any findings will be communicated via handover and team meeting. CAs have been made aware of the need to report incidents in accordance with minimum standards, trust protocols, and Regulation 30. This will be revisited in supervision by SCAs. The OIC is auditing daily care records twice daily Monday – Friday. Governance systems within the home have been reviewed to ensure they are fit for purpose, adhere to regulation standards and are readily accessible for inspection and scrutiny. The OIC and Senior Social Worker for governance (PCOP) have been liaising with community social workers re monitoring and review to ensure they are compliant with minimum standards. A schedule has been drawn up for all residents to be reviewed and updated assessments are to be provided by the community Social Worker where necessary.</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2019</p>	<p>The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of care and other service provision in or for the purposes of the residential care home and that any such review is undertaken no less than annually.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Person has commenced an annual quality monitoring review. This will examine the quality of care and other service provision in the home.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.1 Stated: Second time To be completed by: 8 February 2019	The registered person shall make good the following deficits in the environment: <ul style="list-style-type: none"> • Paintwork to room 13 • Repairs to flooring in rooms 1,2,15 and 39
	Response by registered person detailing the actions taken: New flooring has been put down in the designated rooms. A Business Case for rewiring and repainting of Thackeray has been approved. A date for commencement of this work will be submitted.
Area for improvement 2 Ref: Standard 24.3 Stated: First time To be completed by: 30 September 2019	The registered person shall ensure that a systematic approach to the supervision and annual appraisal of staff. Supervision sessions are planned in advance and dedicated time set aside. Ref: 6.3
	Response by registered person detailing the actions taken: A schedule for Supervision and annual appraisal of all staff had been drawn up. The OIC is responsible for supervising Band 5. These are up to date. Band 5's are responsible for supervising band 3's. These are up to date. The OIC is completing appraisals for all staff pending training for band 5's for this role. As previously stated HoS will audit OIC's supervision of band 5's and OIC will audit band 5's supervision of band 3's to ensure compliance with standards. The OIC will also inform SCAs of items to be included on band 3's supervision agenda. The supervision contract is currently being reviewed and renegotiated with input from a principal social work practitioner. The OIC will source training for SCAs via the Social Services Training Team.
Area for improvement 3 Ref: Standard 23.1 Stated: First time To be completed by: Immediate action	The registered person shall ensure that all newly appointed staff completes a structured induction. Evidence should be present that the induction programme has been completed and validated by the registered manager. Ref: 6.3
	Response by registered person detailing the actions taken: The Registered Person will ensure that all newly appointed staff and agency staff complete a structured induction. There is an induction pack specific to Thackeray which newly appointed staff are given. The Registered Person will also ensure that any induction that is completed is signed off by the inductor/ inductee and OIC. Any identified need following induction will be actioned by the OIC. All staff new to the Trust are also required to undertake an induction programme which is run by the Trust.

<p>Area for improvement 4</p> <p>Ref: Standard 1</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2019</p>	<p>The registered person shall ensure that the views and opinions of residents and/or their representatives are sought. A report is prepared that identifies the methods used to obtain the views and opinions of residents and their representatives and this incorporates the comments made, issues raised and any actions to be taken for improvement. A copy of any report is provided to residents and their representatives.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A schedule has been drawn up for residents meetings and the minutes are displayed. Any resident who does not wish to attend will be consulted to see if they want any items for discussion added to the agenda. Any resident who does not wish to attend will be provided with feedback. A User Satisfaction survey had been completed and a report compiled. This report is available for inspection. It contains findings and an plan to implement any action required. This has been displayed on the residents notice board and all keyworkers will also share the report and findings with residents.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: Immediate action</p>	<p>The registered person shall ensure that the monthly quality monitoring report on the conduct of the home is robust.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Person will ensure that all information required during the monthly monitoring visit is made available. The Registered Person will ensure that any actions arising from the report are shared with all staff and arrangements made for implementing outcomes.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care