

Inspection Report

23 May 2023



Thackeray Place

Type of service: Residential Care Home
Address: 12 Ballyclose Street, Limavady, BT49 0BN
Telephone number: 028 7776 3011

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT) Responsible Individual: Mr Neil Guckian	Registered Manager: Ms Jacqueline McElhinney Date registered: 08 March 2022
Person in charge at the time of inspection: Ms Jacqueline McElhinney	Number of registered places: 28
Categories of care: I - Old age not falling within any other category A - Past or present alcohol dependence	Number of residents accommodated in the residential care home on the day of this inspection: 13
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides health and social care for up to 28 people. Residents have access to communal spaces and secure outside areas.	

2.0 Inspection summary

An unannounced inspection took place on 23 May 2023 from 10.30am to 4pm by a care inspector.

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. This was a focused inspection to ensure that the areas for improvement identified previously were sustained and embedded into practice.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Residents had choice in where they spent their day either in their own bedrooms or in the communal rooms. Staff provided care in a compassionate manner and were sensitive to residents' wishes.

Residents said that living in the home was a good experience and that the staff were attentive to their needs. Relatives spoken with commented positively on the communication with the care home and praised the meal provision.

Staff spoken with stated that there was good team work and they all work well together for the benefit of the residents.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents spoken with were very complimentary with the service provided. Comments included; "this is a great place; I have no complaints. The staff are so good and they come to me very quickly if I want something. I feel safe and well cared for." "The staff are so good and so kind" and "This is a good place; I am safe in here. The staff are good and I am well looked after." Residents were positive about the cleanliness of the home and the care provided.

Staff spoke in positive terms about the provision of care, teamwork, training and managerial support. Comments included: "The care is second to none, residents are well respected and teamwork is good. There are enough staff on duty" and "The care here is first class, we all work well together and the residents are all safe and well looked after."

Relatives stated they were satisfied with communication and all aspects of the care provided. One comment made was "This is a good place. There is good communication and staff are keen to keep us informed."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 2 August 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First/ time	The registered person shall ensure that records of administration of external medicines are fully and accurately maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 27(2) (b) Stated: First time	The registered person shall ensure that a thorough environmental audit is undertaken to identify areas that require redecoration. An action plan should also be put in place that is signed dated and time bound. A copy of this action plan should be submitted to RQIA with the returned Quality Improvement Plan (QIP).	Met
	Action taken as confirmed during the inspection: An environmental audit of the home was completed and an action plan was forwarded to RQIA. A programme of redecoration is ongoing with timeframes in place.	
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that chemicals are not accessible to residents in any area of the home in keeping with COSHH legislation.	Not met
	Action taken as confirmed during the inspection: During the inspection on a number of occasions we found that the cleaning trolley was left unsupervised for periods of time and furthermore chemicals on this trolley had no lids in place. This area for improvement will be stated for the second time.	

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Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: First time	The registered person shall ensure that staff are up to date with mandatory training requirements relevant to their role and function in the home.	Met
	Action taken as confirmed during the inspection: A review of staff mandatory training records confirmed that this area for improvement was met.	
Area for improvement 2 Ref: Standard 29 Stated: First time	The registered person shall ensure that all staff have attended their annual fire drill.	Met
	Action taken as confirmed during the inspection: We reviewed the records of fire drill evacuations. While these were completed; there were three staff for whom this was outstanding. On the day of the inspection the manager advised that a further fire drill was scheduled for 31 May 2023 and confirmed that those staff outstanding would participate.	
Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure there are staff hand washing facilities in the residents' bedrooms.	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed this area for improvement was met.	
Area for improvement 4 Ref: Standard 20 Stated: First time	The registered person shall ensure any action plan developed as a result of the audit process is dated and signed by the person who developed the action plan alongside clearly recorded timescales/dates for when each action is completed.	Met

	Action taken as confirmed during the inspection: A review of audit records confirmed that this area for improvement was met.	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

We reviewed the staffing arrangements in the home. The staff duty rota accurately reflected the staff on duty in the home and the manager's hours were recorded. The duty rota identified the person in charge in the absence of the manager.

Staff told us that there was enough staff on duty to meet the needs of the residents. Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. We observed that there was enough staff on duty to respond to the residents' needs. Staff reported that this was a supportive team and they all work well together. Staff advised that they could easily approach the manager and would be confident issues raised would be addressed.

Staff informed us of recent training completed and further training scheduled. This included updated first aid and moving and handling is already scheduled.

Residents commented that they "felt safe and well cared for" in the home; "the staff are very helpful and I enjoy the food."

Relatives spoken with praised the care provided to their relative and advised that the staff knew the residents well.

5.2.2 Care Delivery and Record Keeping

The home had a calm and relaxed atmosphere. Compassionate interactions were observed between residents and the staff.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments were developed in a timely manner to direct staff on how to meet the residents' needs.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Where a resident was assessed as being at risk of falls, measures to reduce this risk had been put in place. Examination of care documentation for residents who had experienced a fall confirmed that overall, the falls risk assessment was reviewed after each fall. During discussion with the manager we advised them to ensure that these risk assessments are consistently reviewed. We noted that there was good detail recorded by staff in relation to these incidents with clear evidence of follow up action.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Staff were seen to socialise with residents throughout the lunchtime meal. The mealtime was observed to be a pleasant and unhurried experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

A menu was displayed with alternative choices catered for. Residents and staff spoke highly of the of the food provision within the unit. The food was attractively presented and smelled appetising. There was a variety of drinks available. Staff were knowledgeable in relation to residents' nutritional requirements and a record of this was maintained in the kitchen. The tables were set with condiments.

Residents and relatives commented positively about the quality of meals provided and the choice of meals.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Residents said that they were satisfied that the home was kept clean and tidy.

During the inspection on a number of occasions we found that the cleaning trolley was left unsupervised for periods of time and furthermore chemicals on this trolley had no lids in place. This is a potential risk to residents. This area for improvement will be stated for the second time.

We could see that fire exits and corridors were clear and free from obstruction.

We reviewed the records of fire drill evacuations. While these were completed; there were three staff who had not participated in an annual fire drill. On the day of the inspection the manager confirmed that a further fire drill was scheduled for 31 May 2023 and advised that those staff outstanding would participate in this drill.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

We noted that where residents preferred to have a lie in or stay up late; this was facilitated by staff and staff were knowledgeable in relation to individual habits and preferences.

Staff were seen to be attentive to residents needs including their social well-being. A programme of activities was in place which mostly involved one to one time with residents or in small groups. We observed some residents engaged in knitting, while others were reading their daily paper and watching television.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Jacqueline McElhinney is the registered manager.

Residents and staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff commented positively about the management team and described them as supportive and approachable. Comments included: "This home is well run; the manager is supportive and I could easily raise any concerns" and "The manager is always willing to help and makes sure we all learn together."

It was established that there was a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home such as regular audits of falls, incidents and care records.

The home was visited by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, following review of these records; there were no reports available for specific months. Following the inspection, the reports for the identified months were forwarded to RQIA by email. We discussed with the manager about the need to ensure that these reports are available for inspection.

7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	2*	0

* the total number of areas for improvement includes one area which has been stated for a second time and one area has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Jacqueline McElhinney, registered 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(4) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that records of administration of external medicines are fully and accurately maintained.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: Second time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that chemicals are not accessible to residents in any area of the home in keeping with COSHH legislation.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Discussion took place between support services supervisor and home manager. Support services supervisor met with the support service staff on 24th May 2023 to discuss the inspection finding and re-inforce the standards and regulations. Refresher COSHH training was subsequently completed on 25th May 2023 by support services staff. An additional cleaning trolley has been ordered for use in an downstairs area that does not currently have a trolley. A locked cupboard has been identified for storage of the trolley. HOS will review compliance during monthly Provider visits.</p>

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