

Unannounced Care Inspection Report

25 June 2020



Thackeray Place

Type of Service: Residential Care Home (RCH)
Address: 12 Ballyclose Street, Limavady BT49 0BN
Tel No: 028 7776 3011
Inspector: Laura O'Hanlon

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 residential care home registered to provide 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: Anne McGuinness, Senior Care Assistant	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.	Number of residents accommodated in the residential home on the day of this inspection: 20

4.0 Inspection summary

An unannounced inspection took place on 25 June 2020 from 10.15 to 17.30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection of this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Feedback from residents during the inspection was positive in regard to their life in the home, the provision of care and their relationship with staff.

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	3	*3

*The total number of areas for improvement includes one under the standards which has been stated for a second time and two under the standards, which have been carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Anne McGuinness, Senior Care Assistant and Denise Foster, Head of Service, WHSCT, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- staff duty rotas
- two staff competency and capability assessments
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially 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 areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 November 2019. The quality improvement plan from this inspection was not reviewed and will be carried forward for review at a future inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the staff duty rota records the full names and grades of staff working in the home. In addition, there should only be one copy of the duty rota available in the home.	Partially met
	Action taken as confirmed during the inspection: A review of the staff duty rota evidenced that the full names and grades of staff were not recorded. There was only one copy of the duty rota available in the home.	
	This area for improvement has been partially met and is stated for a second time.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 32 Stated: First time	The registered person shall ensure that all medicines are stored at appropriate temperatures according to the manufacturer's requirements.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall ensure that audit procedures for the management of medicines are overseen by management and ensure consistency with the home's policy and procedures as detailed in the report.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager. However, we noted that the staff duty rota did not record the full names and grades of staff. This area for improvement was stated for the second time.

The person in charge explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that they all work together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff also stated that they felt residents received a good standard of care, were treated with respect and dignity. Staff said:

- “The care provided in this home is excellent. There is always adequate staff on duty. This morning we had additional staff brought in to assist with (COVID-19) testing.”
- “Sufficient staff on duty; I was extra today. This is a good supportive staff team. This is a good home; a good place for the residents. All their needs are met and the care is outstanding.”

The senior care assistant in charge confirmed that she had a competency and capability assessment undertaken to fulfil the responsibilities of this role. We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

6.2.2 Infection prevention and control

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

Discussion with the person in charge confirmed that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. We observed staff using PPE according to the current guidance. Records were in place to confirm that residents and staff temperatures were checked in accordance with the guidance.

The staff had identified changing facilities to enable them to put on their uniform and the recommended PPE before they entered the area they were working in. PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in the interactions with staff. The atmosphere in the home was calm, relaxed and friendly with social distancing being maintained.

Some comments made by residents included:

- “I love it here. Staff are so kind and good to me. The food is lovely especially the porridge.”
- “I am very happy here. There are great staff here. Staff are so good to you and you can have craic with them. I like to stay in my own room and have my meals here; that’s my own choice. I feel safe.”
- “I am very happy here; the staff are all great.”
- “Thackeray is a great home; it’s out on its own, we could win an award because the staff are so good.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was still suspended due to the current pandemic. The care staff assisted residents to make phone or video calls with their families; this helped to reassure relatives that their loved one was well.

We observed the serving of lunch and found this to be a pleasant and unhurried experience for residents. Staff were helpful, attentive and demonstrated their knowledge of residents’ preferences. The food on offer was well presented; food was kept warm until residents were ready to eat and staff provided discreet assistance and encouragement to those residents who required this.

6.2.4 Care records

We reviewed three residents' care records. There was evidence within care records of assessments, care plans and associated risk assessments being completed. The records were written using language which was respectful of residents.

However, we noted that care plans were not consistently reflective of the needs of the residents. Examples of this included: one resident had a chest infection and there was no care plan in place for the management of this. In another care record, there was either no care plan in place for the management of nutritional needs or recommendations from the dietician were not included in the care plans. We also identified within care records for an identified resident who had sustained two falls that the falls risk assessment had not been reviewed following the falls. These matters were identified as an area for improvement.

Review of the progress notes confirmed that staff recorded the effect of care and treatment provided to residents. It was also noted that prompt and responsive action was provided and recorded by staff should this be required.

6.2.5 Environment

An inspection of the home's environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, lounge and dining areas and storage areas. All of the residents are currently located in one area of the home due to ongoing refurbishment work within the building.

Residents' bedrooms were found to be personalised with items of memorabilia and special interests displayed. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction. While a plan of work for redecoration is in place for the home, this has been suspended due to the current pandemic.

We observed the corridor in the home where the work was being undertaken. While staff reported that residents had no access to this area, we observed times when this was not the case. Given observable potential hazards to residents within this area, this was highlighted to staff and rectified immediately. Following this inspection this was shared with the aligned estates inspector for consideration and action, as needed. Email confirmation was provided to RQIA following the inspection that this matter was addressed and that this corridor was secured.

6.2.6 Governance and management arrangements

The staff reported that they have been supported in their work by senior management within the trust and by the redeployment of staff from other homes. Comments from staff included:

- "I feel the senior management listen and respond. Since (staff) has come in, things are better controlled, settled and calm."
- "Senior management have been very supportive."

A system of audits was in place in the home. Examples of such audits reviewed included hand hygiene and fire safety. Where there were areas for improvement identified, actions plans were in place with timeframes.

A review of the record of complaints together with discussions with the staff confirmed that expressions of dissatisfaction or complaints were taken seriously and managed appropriately. There was a system in place to ensure that details were recorded of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were retained in the home.

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to other relevant organisations in accordance with the legislation and procedures. We identified four records where RQIA were not notified in keeping with regulation. This was stated as an area for improvement.

In addition, we identified two accidents and incident reports where guidance was not followed in regards to the management of falls; medical attention was not sought in the event of an unwitnessed fall. This was identified as an area for improvement. The completion of residents' risk assessments following a fall is also referenced in section 6.2.4.

In order to reduce footfall through the home during the COVID-19 outbreak, the head of service advised that on-site visits by the registered provider's representative were not completed as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. However, she reported that meetings with the person in charge had taken place to support staff and to quality assure care delivery and service provision.

These meetings were initially completed daily or on alternate days before progressing to weekly meetings, then fortnightly meetings. Records of these meetings were available for review during the inspection.

Areas of good practice

Evidence of good practice was found in relation to maintaining residents' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

Areas for improvement

Three new areas for improvement were identified in relation to care records, reporting of accidents and incidents and the management of falls.

	Regulations	Standards
Total number of areas for improvement	3	0

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. The environment was clean and tidy. Feedback from residents evidenced that they were very satisfied with the standard of care being provided. Three new areas for improvement were highlighted in regard to care records, reporting of accidents and incidents and the management of falls.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne McGuinness, Senior Care Assistant and Denise Foster, Head of Service, WHSCT, 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 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 16 (1) (2)(b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that care plans reflect the residents' needs in respect of their care, health and welfare. This specifically refers to: <ul style="list-style-type: none"> • management of nutritional needs • management of chest infections Ref: 6.2.4
	Response by registered person detailing the actions taken: This area has been addressed and residents' care plans have been updated to correctly reflect residents' nutritional and respiratory needs. All care and senior staff will update care plans in a timely manner to accurately reflect any change in residents' care needs.
Area for improvement 2 Ref: Regulation 30 (1) (f) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that RQIA are informed of any accident in the home. This relates to the submission of statutory notifications. Ref: 6.2.6.
	Response by registered person detailing the actions taken: All senior staff are aware of the reporting procedures and now have permission to access the RQIA portal to complete notification of any incident or accident in the absence of the manager.
Area for improvement 3 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: With immediate effect	The registered person shall make proper provision for the health and welfare of residents. This relates specifically to ensuring that: <ul style="list-style-type: none"> • medical attention is sought following any unwitnessed fall • residents' risk assessments are reviewed and updated following a fall Ref: 6.2.3 & 6.2.6
	Response by registered person detailing the actions taken: All senior staff have had updated guidance and information on the management of falls from the Trust Falls Co-ordinator. Staff have been reminded of the importance of ensuring medical advice and attention is sought following any unwitnessed fall and residents' risk assessments are updated following a fall.

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 32 Stated: First time To be completed by: 7 November 2019	The registered person shall ensure that all medicines are stored at appropriate temperatures according to the manufacturer's requirements. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: 7 December 2019	The registered person shall ensure that audit procedures for the management of medicines are overseen by management and ensure consistency with the home's policy and procedures as detailed in the report. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 3 Ref: Standard 25.6 Stated: Second time To be completed by: 25 July 2020	The registered person shall ensure that the staff duty rota records the full names and grades of staff working in the home. In addition, there should only be one copy of the duty rota available in the home. Ref: 6.1 & 6.2.1.
	Response by registered person detailing the actions taken: One staff rota which records the full names and grades of staff who work within the Home is kept in staff office.

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



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