



The **Regulation** and
Quality Improvement
Authority

Thackeray Place
RQIA ID: 1222
12 Ballyclose Street
Limavady
BT49 0BN

Inspector: John McAuley
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**Unannounced Care Inspection
of
Thackeray Place

01 October 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 1 October 2015 from 10:30 am to 2pm. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Two areas of improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

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

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with the Sharon Doherty Senior Care Assistant as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/ Registered Person: Western Health and Social Care Trust Elaine Way CBE	Registered Manager: Pamela Campbell
Person in Charge of the Home at the Time of Inspection: Senior Care Assistant Sharon Doherty	Date Manager Registered: September 2015
Categories of Care: RC-A, RC-I	Number of Registered Places: 32
Number of Residents Accommodated on Day of Inspection: 30	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 25: The number and ratio of management and care staff on duty at all times meet the care needs of residents.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following records: the previous inspection report, returned QIP from the last care inspection and notifications of incidents and accidents.

During the inspection we met with 18 residents, two visiting relatives, and four members of staff.

We inspected the following records: three care records, duty rotas and fire safety records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 7 May 2015.. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

No requirements or recommendations resulted from the last inspection.

5.3 Standard 25: The number and ratio of management and care staff on duty at all times meet the care needs of residents.

Is Care Safe? (Quality of Life)

Staffing levels at the time of this unannounced inspection consisted of:

- one senior care assistant
- three care assistants
- four housekeeping staff
- four catering staff.

The registered manager and administrator were on leave.

The senior care assistant confirmed to us that the staffing levels met the needs of the residents. The staffing levels took account of the size and layout of the home, the Statement of Purpose and fire safety requirements.

In our discussions with staff, they confirmed to us that they felt the staffing levels in the home were adequate and safe. However staff confirmed to us that there was an overall rise in resident dependencies. General observations of the roles and duties of the senior care assistant and care assistants found these to be busy. General observations of residents' dependencies found these to be raised. Staff were observed to answer call assistance alarms promptly. There was found to be an impact from same with the layout of the home in that an alarm could go off in one area then followed by an alarm in a completely different area. No measurable impact was observed with this other than the busy workload of care staff. In lieu of the generalised dependencies of the home, a requirement was made for a review of staffing levels to be undertaken. This review needs to take into account the dependencies of residents, the layout of the home and fire safety requirements. The review also should take into account the roles and duties of care staff.

Administrative and ancillary staff of housekeeping and catering grades was employed to ensure that minimum standards relating to respective responsibilities are fully met.

All staff that have responsibility of being in charge have been assessed as competent and capable. From our discussions with staff we could confirm that they had good knowledge and understanding of residents' needs.

Is Care Effective? (Quality of Management)

The home has a defined management structure as detailed in the Statement of Purpose. The management structure is in line with the Western Health and Social Care Trust's structure for the programme directorate.

In our discussions with staff, they confirmed to us that they felt there was good managerial support and availability. Staff also informed us that they would have no hesitation about reporting concerns to management.

Staff meetings take place on a regular basis. These meetings discuss amongst other points, care issues and care plans of residents.

Time is scheduled at staff or shift changes to hand over information regarding residents and other areas of accountability. A record is maintained of this information, together with a delegation of duties.

A record is maintained of all staff employed. This record includes their name, date of birth, previous experience, and qualifications, starting and leaving dates, posts held and hours of employment.

In our discussions with staff, they confirmed to us good knowledge of the aligned health care professionals they could utilise for the care of the resident.

Is Care Compassionate? (Quality of Care)

From our observations of care practices we found residents were treated with dignity and respect. Staff interactions with residents were pleasant, friendly, warm and supportive.

Care duties were organised. A hairdresser was in attendance in the home earlier in the day.

Discussions with residents throughout this inspection were all positive and complimentary about the provision of care. .

Areas for Improvement

There was one area of improvement identified with this standard inspected. This was in relation to reviewing the staffing levels. This standard was otherwise found to be substantially met.

Number of Requirements:	1	Number of Recommendations:	0
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Additional Areas Examined

5.4.1 Residents' Views

We met with 18 residents in the home. All expressed that they were happy with their life in the home, their relationship with staff, and the provision of meals.

Some of the comments made included statements such as;

"I love it here. Everyone is very caring"

"This is a great place"

"Everything is great. No complaints"

"You couldn't ask for better"

"The staff couldn't do enough for you".

One resident informed us that she / he had difficulties enjoying the meals due to abdominal pains. A subsequent review of the aligned care records found that this issue of assessed need were not recorded. A recommendation was made for a referral to be made to a dietician in consultation with the resident for this issue of need.

5.4.2 Relatives' Views

We met with two visiting relatives. Both spoke with praise and gratitude about the care provided the kindness and support received from staff, the provision of meals and the provision of activities. Relatives also confirmed that they felt good confidence with the standard of care provided.

5.4.3 Staff Views

We met with four staff of various grades. All spoke on a positive basis about the teamwork, training, managerial support and staff morale. Staff informed us that they felt a good standard of care was provided for. The only issue of concern expressed was in relation to increased resident dependencies. Staff informed us that they were meeting these needs but that the overall workload was busy.

5.4.4 General Environment

We found the home to be clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a good standard. A programme of redecorating was being undertaken at the time of this inspection.

Residents' bedrooms were comfortable with many facilitated with personal artefacts and memorabilia.

5.4.5 Accident/ Incident Reports

We inspected these reports from the previous inspection. These were found to be appropriately managed and reported.

5.5.6 Care Practices

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised.

Staff interactions with residents were found to be polite, friendly, warm and supportive.

A nice homely atmosphere was in place, with residents being comfortable, content and at ease in their environment and interactions with staff.

An appetising, well presented dinner time meal was provided for. Staff were found to assist with residents' needs in an appropriate manner, such as hand washing before meals.

Residents were found to be engaged in pastimes of choice such as socialising with one another, watching television, resting or attendance with the visiting hair dresser.

5.4.7 Fire Safety

Fire safety training including fire safety drills were maintained on an up to date basis.

We observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

Areas for Improvement

There was one area of improvement identified with these additional areas inspected. This was in relation to an issue of assessed need for one particular resident. The overall assessment of these additional areas examined considered these to be compassionate, safe and effective.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sharon Doherty Senior Care Assistant as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any

future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 20(1)(a)	A review of staffing levels must be undertaken. This review needs to take into account the dependencies of residents, the layout of the home and fire safety requirements. The review also should take into account the roles and duties of care staff.
Stated: First time To be Completed by: 30 October 2015	Response by Registered Person(s) Detailing the Actions Taken: I spoke with support services manager on 4.11.15 who suggested a second dining area be made available for residents and encourage more residents to have their meals there, this would also ensure meals would be given out quicker freeing up more time for care staff for other duties. A residents meeting is due to take place on Thursday 26.11.15 and discussion will take place then about a second dining room. The number and ratio of staff to residents meet the care needs of residents at present. Dependency levels will be monitored regularly to ensure adequate staffing levels are in place..All fire safety requirements are in place and the fire risk assessment was updated 9.10.15. Twenty one staff underwent fire evacuation training 21.9.15 and the remainder are due 10.11.15. Care staff roles and duties were reviewed 2.11.15 and decontamination duties which were carried out on a Saturday and Sunday have now been split up over the week again freeing up more time for care staff for other duties.s

Recommendations

Recommendation 1 Ref: Standard 9.3 Stated: First time To be Completed by: 8 October 2015	A referral should be made to a dietician in consultation with the identified resident for this assessed issue of need. Response by Registered Person(s) Detailing the Actions Taken: Discussion took place with dietician 11.9.14, resident would need Must score of 2 to be referred, this was explained to resident at the time. Resident's weight at present is stable with a Must score of 0.
	Response by Registered Person(s) Detailing the Actions Taken:

Registered Manager Completing QIP	Pamela Campbell	Date Completed	4.11.15
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	John McAuley	Date Approved	5.02.16

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address

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