

# Inspection Report

02 August 2022



## 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

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust (WHSCT)  <b>Responsible Individual:</b> Neil Guckian	<b>Registered Manager:</b> Ms Jacqueline McElhinney  <b>Date registered:</b> 08 March 2022
<b>Person in charge at the time of inspection:</b> Ms Jacqueline McElhinney	<b>Number of registered places:</b> 32
<b>Categories of care:</b> I - Old age not falling within any other category A - Past or present alcohol dependence	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 12
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 32 residents. Residents have access to communal lounges and dining rooms and all of the residents bedrooms are at ground floor level.	

## 2.0 Inspection summary

An unannounced inspection took place on 2 August 2022, from 9.30 am to 18.00 pm by a care Inspector. The inspection continued on 3 August 2022 from 10.00 am to 13.45 pm by an estates 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.

Enforcement action resulted from the findings of this inspection. A refurbishment programme had been completed that included restructuring of bedrooms, the addition of a shower room, the repurposing of other rooms and an overall reduction in bed numbers. These changes had been made without notifying or seeking advance approval from RQIA as required under the Residential Care Homes Regulations (NI) 2005; and on the day of the inspection residents were accommodated in these unregistered rooms.

Due to the findings in Thackeray Place and that similar concerns about other registered services operated by WHSCT a meeting was arranged with the WHSCT with the intention to serve an Improvement Notice, in respect of failures to comply with Residential Care Homes Minimum Standards (DHSSPSNI 2011 version 1.1 Aug 2021)

Standard 20 – management and control of operations; criteria 5, 6 and 7  
Standard 27 – premises and grounds; criterion 11.

At this meeting RQIA were provided with a full account of the actions to be taken to ensure the minimum improvements necessary to achieve compliance with the standards identified. The Trust also agreed to submit a retrospective application to vary the home's registration. Therefore the Improvement Notice was not served.

New areas requiring improvement were identified during this inspection and are detailed within the main body of this report and in Section 6.0.

Residents were happy to engage with the inspectors and to share their experiences of living in the home. Residents expressed positive opinions about the home and the care provided. Residents said that staff members were helpful and pleasant in their interactions with them.

Staff were familiar with residents care needs and personal preferences. Staff told us that they were satisfied with the staffing levels.

Addressing the areas identified for improvement will further enhance the quality of care and services provided in.

### **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.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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 spoke positively about the care that they received and about their interactions with staff. Residents confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One resident told us, "I love it here and I couldn't be happier, I am well looked after."

Relatives were complimentary of the care provided in the home and spoke positively about how the staff in the home kept them up to date regarding any changes in their loved one's care.

Staff spoken with told us that they enjoyed working in the home and that they felt well supported in their roles they how much they enjoyed working with the residents.

One questionnaire was received from a relative who confirmed that they were satisfied with the services in Thackeray Place.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

#### 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 04 November 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall ensure that records of administration of external medicines are fully and accurately maintained.	<b>Carried forward to the next inspection</b>
	Ref: 5.2.3	
	<b>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.</b>	

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents needs were met. The manager told us that they had recently recruited a number of new staff to the home.

There were enough staff in the home to respond to the needs of the residents in a timely way; staff were observed to be very attentive towards the residents.

There were systems in place to ensure staff were trained and supported to do their job however review of records evidenced that not all staff had completed training in manual handling and first aid. Information provided by the manager post inspection confirmed that the manual handling training was up to date according to the homes policy. An area for improvement was identified in regard to first aid training.

It was also evidenced that not all staff had attended an annual fire drill and an area for improvement was identified.

Review of records confirmed that all care staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager.

The residents spoken with gave positive feedback about the availability of staff and the quality of care in the home; one resident said "It's marvellous."

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and management.

### **5.2.2 Care Delivery and Record Keeping**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were well maintained and accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Care was delivered in a calm and organised manner. Interactions between residents and staff were friendly, cheerful and respectful.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience observed was an opportunity of residents to socialise, the television was on, and the atmosphere was calm, relaxed and unhurried. Residents were enjoying their meal and their dining experience. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially and were reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each resident's care needs and what or who was important to them. For one resident who smoked there was no written risk assessment in place this was discussed with the manager who confirmed following the inspection that this had been put in place.

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.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean and tidy.

One corridor of the home had recently been refurbished however, some areas of the home required redecoration such as bedrooms, hairdresser room and a sluice room. Other areas needed repainting such as door frames and hand rails. This was discussed with the manager who agreed to audit the internal environment of the home and a time specific action plan is to be submitted with the completed QIP.

As stated in the summary of this report a refurbishment programme had been completed that included restructuring of bedrooms, the addition of a shower room, the repurposing of other rooms and an overall reduction in bed numbers. These changes had been made without notifying or seeking advance approval from RQIA as required under the Residential Care Homes Regulations (NI) 2005; and on the day of the inspection residents were accommodated in these unregistered rooms. However, RQIA's estates inspector carried out a detailed premises inspection to establish the extent of the changes made to the premises and to assure RQIA that the residents were safely accommodated and that all building works had been completed to the correct standards. For example, fire safety regulations and water/legionella controls were implemented and compliant with current best practice and guidance.

Due to the findings in Thackeray Place, and that similar concerns about other registered services operated by WHSCT, a meeting was arranged with the WHSCT with the intention to serve an Improvement Notice, in respect of failures to comply with Residential Care Homes Minimum Standards (DHSSPSNI 2011 version 1.1 Aug 2021).

At this meeting RQIA were provided with a full account of the actions to be taken to ensure the minimum improvements necessary to achieve compliance with the standards identified. The Trust also agreed to submit a retrospective application to vary the home's registration. Therefore the Improvement Notice was not served.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence throughout the home of 'homely' touches such as ornaments, flowers, newspapers, magazines, and photographs of residents enjoying a range of activities provided by the home.

A cleaning store and a cleaning chemical were accessible to residents. The management of risks to residents was discussed with the manager and an area for improvement was identified.

Fire exits and corridors were clear of clutter and staff told us they received regular fire training.

Appropriate precautions and protective measures were in place to manage the risk of infection. However staff hand washing facilities were not available in some of the bedrooms. This was discussed with the manager and an area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

Visiting arrangements were managed in line with Department of Health guidance.



### 5.2.4 Quality of Life for Residents

Discussion with residents and observation of practice confirmed that they were able to choose how they spent their day. Staff offered choices to residents throughout the day which included preferences for getting up and going to bed, food and drink options, and where and how they wished to spend their time.

Throughout the inspection, several residents were observed watching television, socialising in the communal lounge and one resident told us they enjoyed reading, watching television and going out for walks. Residents told us that they could join in the planned activities if they wished. Planned activities such as movement to music, social evening and music and reminiscence therapy and music were available.

Comments made by resident regarding their care and their lived experience in the home are detailed throughout this report.

### 5.2.5 Management and Governance Arrangements

There has been no change to the management of the home since the last inspection. Ms Jacqueline McElhinney has been the registered manager in this home since 8 March 2022.

Staff 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 manager and the management team and described them as supportive, approachable and always available for guidance.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. It was good to note that action plans were in place to address deficits identified through auditing. However, the action plan was not always signed by the person developing it and dates of completion for the action were not always recorded. This was discussed with the manager and an area for improvement was identified.

It was established that the manager had 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 and their care manager and RQIA.

## 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 the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	4

\* The total number of areas for improvement includes one 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.



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail [address info@rqia.org.uk](mailto:info@rqia.org.uk)

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First/ time  <b>To be completed by:</b> 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><b>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.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27(2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2022	<p>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).</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a) ( c)  <b>Stated:</b> First time  <b>To be completed by:</b> 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:5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2022	<p>The registered person shall ensure that staff are up to date with mandatory training requirements relevant to their role and function in the home.</p> <p>Ref:5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p>

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that all staff have attended their annual fire drill.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 1 October 2022	The registered person shall ensure there are staff hand washing facilities in the residents' bedrooms.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> First time  <b>To be completed by:</b> 1 October 2022	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.  Ref:5.2.5  <b>Response by registered person detailing the actions taken:</b>

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



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