



Primary Unannounced Care Inspection

Name of Service and ID:	Thackeray Place (1222)
Date of Inspection:	5 September 2014
Inspector's Name:	John McAuley
Inspection ID:	IN017548

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Thackeray Place (1222)
Address:	12 Ballyclose Street Limavady BT49 0BN
Telephone Number:	0287776 3011
E mail Address:	kathy.cochrane@westerntrust.hscni.net
Registered Organisation/ Registered Provider:	Western HSC Trust Mrs Elaine Way CBE
Registered Manager:	Mrs Kathryn Cochrane
Person in Charge of the home at the time of Inspection:	Mrs Sharon Doherty Senior Care Assistant
Categories of Care:	RC-I
Number of Registered Places:	32
Number of Residents Accommodated on Day of Inspection:	24
Scale of Charges (per week):	Trust rates
Date and type of previous inspection:	28 January 2014 Announced Primary
Date and time of inspection:	5 September 2014 9.30am – 2.45pm
Name of Inspector:	John McAuley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced primary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods / Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with senior in charge
- Examination of records
- Observation of care delivery and care practice

- Discussion with staff
- Consultation with residents
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	20
Staff	6
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff seeking their views regarding the service.

Issued To	Number issued	Number returned
Staff	8	2

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Thackeray Place Residential Care home is situated on Ballyclose Street in the town of Limavady.

The residential home is owned and operated by the Western Health and Social Care Trust.. The registered manager is Mrs Kathryn Cochrane who has been in this role for quite a number of years.

Accommodation for residents is provided for in single room accommodation on a ground floor level.

A communal lounge is located in a central location in the home and a dining area is provided in an area to the back of the home.

The home also provides for catering and laundry services, as well as a number of communal sanitary facilities.

The home is registered to provide care for a maximum of 32 persons under the following categories of care;

Residential Care:

I – Old age not falling into any other category.

8.0 Summary of Inspection

This unannounced primary care inspection of Thackeray Place was undertaken by John McAuley on 5 September 2014 between the hours of 9:30am and 2:45pm. Mrs Sharon Doherty was the Senior Care Assistant in charge of the home and was available during the inspection and for verbal feedback at the conclusion of the inspection.

The previous inspection resulted in no requirements or recommendations being made and so no follow up in this regard was required.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

8.1 Standards inspected:

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

8.2 Inspection findings

8.2.1 Responding to resident's behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which reflected good practice guidance in relation to restrictive practice and human rights. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint was not used in the home. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. However a requirement has been made to review the quality of how care progress records are maintained. There were significant number of statements of assessed need that did not have a subsequent recorded statement of care / treatment given and effect of same.

The overall evidence gathered through the inspection process concluded that the home is substantially compliant with this standard.

8.2.2 Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

The overall evidence gathered through the inspection process concluded that the home is compliant with this standard.

8.3 Stakeholder consultation

During the course of the inspection the inspector met with residents and staff. Questionnaires were also completed and returned by 12 September 2014.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

A review of the returned questionnaires and discussion with staff indicated that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

There were no visiting relatives or professionals in the home at the time of this inspection.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

8.4 Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

8.5 Environment

The areas of the environment viewed by the inspector presented as clean and tidy. Residents' bedrooms were observed to be homely and personalised. Décor and

furnishings were found to be generally reasonably maintained with areas that were tired and dated but fit for purpose.

A number of additional areas were also examined these include the management of complaints, and fire safety. Further details can be found in section 11.0 of the main body of the report.

8.6 Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a good standard. There were processes in place to ensure the effective management of the standards inspected.

Residents were observed to be treated with dignity and respect.

One requirement was made as a result of the primary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, staff and the registered manager for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations

There were no requirements and recommendations issued as a result of the previous inspection.

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider's Self-Assessment There is very little turnover of staff in Thackeray with the most recent member in post for 4 years and the majority of others between 10 and 20 years. This means strong relationships are built with residents with continuity of care. Staff get to know residents very well and this knowledge is supported by the written records and assessments about residents. All care staff are familiar with these records and have easy access to them. Staff are encouraged to read care plans, and reviews, which record details of resident's normal behaviour and any reasons for it, and their means of communication and ability to communicate. Staff are committed to encouraging residents to achieve their goals. All responses and interventions are planned to promote resident's dignity and independence and achieve positive outcomes for them.	Compliant
Inspection Findings: The home has a policy and procedure on responding to residents' behaviours. Staff has also received training in this. A review of this policy and procedure found had reference to Human Rights Legislation and implications of restrictive practices. Discussions with three care staff on duty at time of this inspection revealed they had knowledge and understanding on how to respond to residents' behaviours and how their interventions had a positive outcome for residents. Staff also demonstrated a good knowledge and understanding of residents' assessed needs, which were also found to correspond with the sample of four residents' care records reviewed on this occasion.	Compliant

Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff are experienced and knowledgeable in identifying any unusual behaviour. Through training and experience they are aware that changes in usual behaviour are most commonly a sign of infection with residents. They also know the residents so well, that they recognise specific signs with each individual resident and are often able to ensure early intervention by referral to relevant professionals to treat and minimise the effect of illness or infection. The same applies to staff recognising early signs of dementia. Care staff report these observations immediately to senior staff, and they are discussed at handover meetings with senior staff present, and recorded on daily reports. Referrals are made as appropriate and residents representatives are kept informed. Any changes in a residents normal behaviour are treated and followed up in this way	Compliant
Inspection Findings:	
<p>A review of four residents' care records confirmed in general that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referral as appropriate to the aligned health care professional. However there were a significant number of progress records that had a recorded statement of an assessed need with no subsequent recorded statement of care / treatment given and effect of same.</p> <p>Records also did not record time of entry.</p> <p>A requirement has been made for the standard of progress records to be reviewed and acted upon accordingly.</p>	Substantially compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
To ensure a consistent approach or response to residents, once decided on, is implemented, this is communicated to staff verbally at handovers to achieve an immediate response. At the same time it is recorded on the daily reports and repeated at each handover until all staff are informed. Various methods are used to highlight and draw attention to any changes. The care plan is changed and kept updated with details. Where there are significant changes, the care plan is kept in the daily report file until all staff had had a chance to read the changes. Where appropriate, and with the resident's consent, the resident's representative is kept fully informed and involved. We welcome all communication with relatives, which helps to ensure a consistent approach and a useful exchange of knowledge and observation for the resident's benefit.	Compliant
Inspection Findings:	
A review of four residents' care plans found that the interventions prescribed were detailed, informative and specific. Evidence was in place of consultation and consent with the resident, through a signature.	Compliant

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Should there be specific difficulties in managing a resident's behaviour, this would be referred to the Challenging Behaviour team after consultation with the GP, relatives and care manager. Referral to the mental health team would be considered and may result in referral to the Challenging Behaviour team. Members of this team would then meet with staff, the resident, and the resident's representative to develop an appropriate care plan. This has only been required on one occasion. More often, simple minor changes only are needed with a common sense approach and can be discussed and agreed with the resident and their family, incorporated into their care plan and implemented by staff.	Compliant
Inspection Findings:	
There are no residents in the home who have a specific behaviour management programme. However evidence from discussions with staff would indicate if this were to be the case the appropriate trained professional(s) would be duly consulted in this process.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment Staff have attended training on managing challenging behaviour, and specifically, for an individual resident, they attended training on validation and communication in dementia. For any resident needing a specific behaviour management programme, training is provided by the relevant professional involved and senior staff meeting together to teach and discuss all aspects of the plan and providing support and guidance to staff to implement.	Provider to complete
Inspection Findings: Discussions with staff on duty at the time of this inspection, confirmed that they felt they are the necessary skills, training, support and supervision in place to meet the assessed needs of residents accommodated.	Compliant

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
This would be an unusual occurrence in Thackeray, but when it has occurred, detailed records are made, senior staff are informed and make the necessary immediate decisions, with advice from the head of service if needed, or out of hours senior manager. This is followed up by referring to the necessary professionals or services, which would usually be the resident's GP, care manager or other professionals involved such as the mental health team for older people. A review would then be arranged as soon as possible to plan the next steps of care for the resident, and if necessary review the suitability of the placement for residential care.	Compliant
Inspection Findings:	
<p>A review of accident and incident records from April 2014 to date of inspection evidenced that notification was made as appropriate, to the resident's representative, the trust and RQIA.</p> <p>A review of care plans confirmed that they were updated and reviewed with involvement from the trust and appropriate health care professionals.</p> <p>Discussions with the senior care assistant evidenced that where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan</p>	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
If a resident requires restraint they would not normally be cared for in residential care. However staff are trained and aware that bedrails can be a form of restraint and that this is not an appropriate use of them. They are only used to protect a resident from falling out of bed, not to prevent a confused resident from getting up. If a resident requires any other interventions for their own protection, these are recorded on their care plans and approved by senior staff and the resident and or their representative.	Compliant
Inspection Findings:	
The home has a policy and procedure on restraint. Discussions with the senior care assistant and staff confirmed that there are no aspects of restraint used in the home and were aware of the issues surrounding governance of same.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Residents are involved in deciding on the programme of activities. Residents give verbal feedback during and after activities, at residents' meetings and individually, and in the annual survey. Care staff are fully involved in providing activities for residents and they have detailed knowledge of residents individual needs. Senior staff are also involved and plan, observe and support activities. Residents enjoyment of activities for those who choose to take part is obvious to all present. Residents' individual needs are assessed and recorded on their activity assessments and their care plans.	Compliant
Inspection Findings:	
The home has and a policy and procedure on the provision of activities. A review of four residents' care records confirmed that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents at the time of this inspection, revealed they were complimentary on such provision and that they felt comfortable about raising suggestions with staff	Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Activities are varied according to residents' needs, choice and ability. Residents are assisted to take part where they choose to do so and promote values of fulfilment and independence. Activities include music, knitting, physical exercises, quizzes, reminiscence, physical and mental games, reading newspapers and gardening. Anything residents request is considered. For residents who prefer not to take part in group activities or who are not able, staff do individual activities with them. This may be sitting talking to them, or reminiscing, looking at their old photos together, doing hair or nails, or going for a walk. The local community visit and provide entertainment. Individuals, school groups and local church and voluntary groups visit and provide social activities. A 4 weekly bus run is provided to an area of resident's choice. Seasonal parties and activities are arranged. There are currently no residents from ethnic minority groups in Thackeray, but if there were, this would be researched to meet their needs appropriately. Music is chosen appropriate to resident's choice and their feedback is acted on. All activities are appropriate to the resident's generation. Various religious services cater for their spiritual needs. Their spiritual views are taken into account when planning activities.</p>	<p>Compliant</p>
Inspection Findings:	
<p>A review of the programme of activities showed that social activities are organised daily basis. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Discussions with care staff confirmed that residents were provided with enjoyable and meaningful activities on a regular basis</p>	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All residents are invited to residents' meetings and assisted to take part if they wish. Other residents are spoken to individually to gain their views. All residents are consulted formally at their reviews about activities and their views recorded. Residents are also consulted in the annual user satisfaction survey. Keyworkers contribute to reviews and care plans and any comments residents make are acted on. The majority of residents are able to comment on and discuss activities as part of their daily routine and readily make their views known to staff.	Compliant
Inspection Findings:	
<p>A review of the record of activities provided and observation of residents who generally preferred not to participate in activities, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities, and that their assessment of social and spiritual needs was duly assessed and cared for..</p> <p>Residents were also invited to express their views on activities by means of quality assurance audit issued annually by the home, and by regular residents' meetings.</p>	Compliant

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activities plan for the week is displayed on a noticeboard for residents and visitors, in a central area of the home. More able residents read this and often communicate it to other less mobile residents. Staff discuss any forthcoming activities with residents in daily conversations. When the activity is due to take place, staff visit every resident and inform them what is on and assist them to attend if they wish. For special events such as parties, or more unusual activities, notices are displayed in several areas of the home, and staff promote discussion about them beforehand.	Compliant
Inspection Findings:	
On the day of the inspection the programme of activities was on display in communal areas throughout the home. Discussion with residents at the time of this inspection confirmed that they were aware of what activities were planned and were looking forward to a planned bus trip, later that day.. The programme of activities was presented in an appropriate format to meet the residents' needs	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff carry out the activities , assisting residents to take part according to their individual needs. The home has a healthy comforts fund which is mainly used for entertainments and activities, so there is no restriction on the provision of equipment, games, prizes and materials. Relatives and visitors are often present and are welcomed to join in with their resident where this can aid their participation and enjoyment. When activities are provided by outside individuals, staff remain present throughout to support, encourage and assist residents.	Compliant
Inspection Findings:	
The home designates member of staff each day with for inclusion with these duties. General observations made at the time of this inspection, found that there was a good provision of equipment, and aids to support the provision of activities. These included craft materials, games, musical items, and dvds appropriate to age group.	Compliant

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Residents views and experience has shown that afternoons are the most popular time for most activities. All activities are geared to the residents needs and abilities. Staff are experienced and respond to residents needs during activities, recognising when they are ready to finish. If individual residents become tired or wish to leave before the end, they are assisted to do so. Residents are also involved during the activity and able to say when they wish to stop. If outside entertainers or others are providing an activity, senior staff supervise to ensure appropriate duration.	Compliant
Inspection Findings:	
Discussion with care staff and residents evidenced that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in any activity.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Occasionally, a person outside the home has helped to provide an activity. The officer in charge interviews them, ensures the activity is appropriate, and monitors the activity taking place either by being present or ensuring a senior member of staff does the same. Care staff are always present to assist residents, and their views as well as residents views are acted on as to whether the activity is repeated. Where appropriate, relevant certificates or references or vetting is obtained.	Compliant
Inspection Findings:	
The senior care assistant confirmed that any person who is contracted in to provide activity, such as a visiting entertainer is supervised and assisted by staff during such provision.	Compliant

Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff always assist and are present during all activities. If any information needs to be given to the person doing the activity this is done prior to the activity taking place. Staff and residents give verbal feedback afterwards as well as complete the activity written record.	Compliant
Inspection Findings:	
In discussion with the senior care assistant, the inspector was informed that such a person contacted in to bring activity to the home would be supervised and assisted by staff, so that the needs of residents were duly met at the same time.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment Care staff complete a record of each activity which takes place. Names of all involved are recorded and comments made where appropriate. Senior staff monitor this.	Compliant
Inspection Findings: A review of the record of activities evidenced that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment The programme is fluid and changes according to residents wishes and needs. It is completed weekly. Activities are only continued if residents continue to enjoy and request them. There is no regular advance booking of outsiders to provide activities. The knitting club takes place every week as long as residents continue to express a wish to come and a bus run is provided every 4 weeks for those who wish to go. Any other regular sessions have been reviewed individually and according to frequency, and never more than 2 monthly. Otherwise the plan is flexible and continually open to suggestion.	Compliant
Inspection Findings: A review of the record of residents' meetings confirmed that activity provision and events is a standing item of agenda where such can be reviewed. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Residents' consultation

The inspector met with a large number of residents throughout this inspection. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Some of the comments made included statements such as;

- "This is a home from home"
- "we are all very happy here"
- "Everyone is very good"
- "This is a lovely place"

No concerns were expressed or indicated.

11.2 Relatives/representative consultation

There were no visiting relatives in the home at the time of this inspection.

11.3 Staff consultation/Questionnaires

The inspector spoke with six members of staff of various grades on duty. Eight staff questionnaires were distributed for staff to complete and return. A review of the completed questionnaires and discussion with staff identified that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

11.4 Visiting professionals' consultation

There were no visiting professionals in the home at the time of this inspection.

11.5 Observation of Care practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting with residents in a polite, friendly, supportive manner. Residents were observed to be comfortable, content and at ease in their environment and interactions with staff. An appetising dinner time meal was provided for and residents were found to assist in an organised unhurried manner with same.

11.6 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

11.7 Environment

The areas of the environment viewed by the inspector presented as clean and tidy. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be generally reasonably maintained with areas that were tired and dated but fit for purpose.

11.8 Guardianship Information

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.9 Fire Safety

The inspector examined the home's most recent fire safety risk assessment dated 5 November 2013. There was evidence that the two recommendations made from this assessment had been attended to.

A review of the fire safety records evidenced that fire training, had been provided to staff on an up to date basis and that different fire alarms are tested weekly with records retained.

There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the Senior Care Assistant Mrs Sharon Doherty, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

John McAuley
Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Unannounced Care Inspection

Thackeray Place

5 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with senior care assistant Mrs Sharon Doherty either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

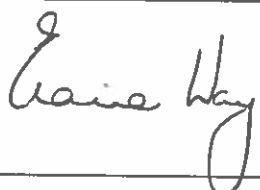
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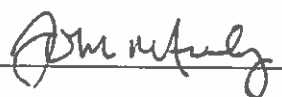
Statutory Requirements

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, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	19 (1) (a) Schedule 3 (3) (k)	<p>The registered person shall –</p> <p>(a) Maintain in respect of each resident a record a record which includes the information, documents and other records specified in Schedule 3 relating to the resident,</p> <p>Schedule 3 (3) (k) a contemporaneous note of all care and service provided to the resident, including a record of his condition and any treatment or other intervention.</p> <p>Reference to this is made in that the content of the progress records must be reviewed to include a clear statement of the resident's well-being and if there is an assessment of need, there needs to be a subsequent statement of care / treatment given and effect(s) of same.</p>	One	Implemented with immediate effect	5 October 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Kathryn Cochrane
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes		16/10/14
Further information requested from provider			