



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow-up Care Inspection Report 10 October 2019



Thackeray Place

Type of Service: Residential Care Home
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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home which provides care for up to 32 residents.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Registered Manager: Jacqueline McCafferty
Responsible Individual: Dr Anne Kilgallen	
Person in charge at the time of inspection: Jacqueline McCafferty	Date manager registered: 14 March 2019
Categories of care: Residential Care (RC) A – Past or present alcohol dependence. I - Old age not falling within any other category	Number of registered places: 32

4.0 Inspection summary

An unannounced care inspection took place on 10 October 2019 from 10.30 to 16.30.

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

This was a focused inspection to follow up on the concerns identified during the previous care inspection on 21 June 2019 and discussed at the serious concerns meeting on 24 July 2019.

Residents spoken with commented positively with the care provided in the home. They praised the kindness of staff and reported that the meals provided, were to a high standard.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jacqueline McCafferty, registered manager; Bob Brown, Director for Primary Care and Older Persons Services (PCOPS), WHSCT; Denise Foster, Head of service for Care and Accommodation, WHSCT; Paul McGready, Senior Social Work Practitioner, PCOPS, WHSCT; Michelle McMackin, OIC, Seymour Gardens, WHSCT; Carmel Darcy, Consultant Pharmacist, WHSCT; and Joanne Torrens, 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.

4.2 Action/enforcement taken following the most recent care inspection

The most recent care inspection took place on 21 June 2019. As a result of this inspection, concerns were identified. The registered manager and individuals representing the registered person attended a serious concerns meeting with RQIA senior management on 24 July 2019. At this meeting the registered manager presented a satisfactory action plan outlining how these concerns would be addressed.

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 last care inspection
- the registration status of the home
- written and verbal communication received since the last care inspection
- the returned QIP from the last care inspection
- the last care inspection report

During the inspection the inspector met with 12 residents, three staff, the registered manager and the delegated provider undertaking the monthly monitoring visit.

The following records were examined during the inspection:

- two residents care records
- records of complaints
- records of accidents and incidents
- staff duty rotas
- staff competency and capability assessments
- audits and governance systems
- supervision and appraisal planner
- staff induction records
- monthly monitoring reports
- report of the resident satisfaction survey

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 the most recent inspection dated 21 June 2019

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 21 June 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: Third time	The registered person shall submit an action plan to address the deficit in senior care assistant cover.	Met
	Action taken as confirmed during the inspection: An action plan was submitted to RQIA following the inspection. This identified how the trust planned to address the deficit in senior care assistant cover. This is discussed further in section 6.3.2.	
Area for improvement 2 Ref: Regulation 27 (2) (l) Stated: Second time	The registered person shall make good the inappropriate storage in the female and male changing rooms.	Met
	Action taken as confirmed during the inspection: Observation during the inspection confirmed that the inappropriate storage was removed from the female and male changing rooms.	

<p>Area for improvement 3</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (3) (k)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that identified issues of assessed need in the progress records have a recorded statement of care/treatment given with effect(s) of same.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of two residents' care records confirmed that identified issues of assessed need which were recorded in the progress notes had a statement of care/treatment provided.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 24 (3)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that any expression of dissatisfaction or complaint are recorded in the record of complaints and managed accordingly.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of the records of complaints confirmed that all expressions of dissatisfaction were taken seriously and recorded. Appropriate action was taken to manage the complaint.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a competency and capability assessment is completed for the person in charge of the home in the absence of the registered manager.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of two staff competency and capability assessments found that these were completed and signed off by the registered manager.</p>		
<p>Area for improvement 6</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any accident or incident that may occur is reported to RQIA in accordance with Regulation 30 and that staff are made aware of what is reportable.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of the reports of accidents and incidents confirmed these were reported appropriately. Discussion with staff confirmed that were knowledgeable in regards to the reporting arrangements.</p>		

<p>Area for improvement 7</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that residents care records are written and regularly reviewed so as to promote and make proper provision for the health and welfare of residents.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of two residents care records confirmed these were maintained on an up to date basis. New care files were in place. These records were reflective of the needs of the residents and were reviewed and updated accordingly.</p>		
<p>Area for improvement 8</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust and effective governance systems are implemented so as to monitor the quality of care and other services provided by the home.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of the governance systems confirmed there were regular audits undertaken in regards to falls, accidents and incidents, complaints and the cleanliness of the home. There was further evidence of audit within the monthly monitoring reports.</p>		
<p>Area for improvement 9</p> <p>Ref: Regulation 27.1</p> <p>Stated: Second time</p>	<p>The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of care and other service provision in or for the purposes of the residential care home and that any such review is undertaken no less than annually.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager confirmed the annual quality review report to review the quality of care and services provided has been commenced. The resident satisfaction survey was completed and was available for inspection.</p>		

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: Second time	The registered person shall make good the following deficits in the environment: <ul style="list-style-type: none"> • Paintwork to room 13 • Repairs to flooring in rooms 1,2,15 and 39 	Met
	Action taken as confirmed during the inspection: Observations during the inspection confirmed that: <ul style="list-style-type: none"> • The paintwork to room 13 is part of a larger plan of works for the home. • New flooring was in place in rooms 1,2,15 and 39. 	
Area for improvement 2 Ref: Standard 24.3 Stated: First time	The registered person shall ensure that a systematic approach to the supervision and annual appraisal of staff. Supervision sessions are planned in advance and dedicated time set aside	Met
	Action taken as confirmed during the inspection: A review of the system for the management of staff supervision and appraisal confirmed that all staff had completed supervision during September and October 2019. Twelve out of 17 staff had completed their annual appraisal.	
Area for improvement 3 Ref: Standard 23.1 Stated: First time	The registered person shall ensure that all newly appointed staff completes a structured induction. Evidence should be present that the induction programme has been completed and validated by the registered manager.	Met
	Action taken as confirmed during the inspection: A review of one staff recruitment record confirmed that an induction was completed and this was signed by the staff member and the registered manager.	

Area for improvement 4 Ref: Standard 1 Stated: First time	The registered person shall ensure that the views and opinions of residents and/or their representatives are sought. A report is prepared that identifies the methods used to obtain the views and opinions of residents and their representatives and this incorporates the comments made, issues raised and any actions to be taken for improvement. A copy of any report is provided to residents and their representatives.	Met
	Action taken as confirmed during the inspection: A review of records during the inspection confirmed that a report was completed which included the views and opinions of residents and their representatives. This report also included comments made and any actions to be taken for improvement. A copy of this report was available for residents and their representatives.	
Area for improvement 5 Ref: Standard 20.11 Stated: First time	The registered person shall ensure that the monthly quality monitoring report on the conduct of the home is robust.	Met
	Action taken as confirmed during the inspection: The monthly quality monitoring reports were reviewed and found to be robust and reflective of any issues within the home.	

6.3 Inspection findings

On arrival to the home we observed that most of the residents were already washed and dressed and in receipt of mid-morning refreshments. The atmosphere in the home was considered warm and calm. The staff were assisting and conversing with residents in a friendly, respectful manner, as they served tea or coffee with homemade bread.

6.3.1 Environment

We walked around the home and saw that the home was kept warm and there were no malodours. Residents' bedrooms were found to be comfortable and personalised with items of memorabilia. All fire exits were free from obstruction and clearly identifiable.

The areas for improvement identified at the previous care inspection were met. The manager advised that there is a plan of works in place to redecorate the whole home. We noted where one bedroom contained multiple items of storage. This was discussed with the manager who advised that these items belonged to a resident who no longer lived in the home and was awaiting collection by family members.

6.3.2 Staffing arrangements

We reviewed the staffing arrangements in the home. There were no concerns raised by residents in regards to the staffing provision in the home. On the morning of the inspection there was no senior care assistant on duty; the manager was undertaking this role. Review of the staff duty rota confirmed that the manager was undertaking this role on a regular basis over the last two weeks and was scheduled to cover senior care assistant duties in the following weeks. This matter was discussed with the manager who reported that the trust senior management were aware of this situation and advised that the trust has tried to source agency staff, but this was unsuccessful. The trust has also tried to recruit to these posts but was also unsuccessful.

In addition some concern was expressed by staff. Staff advised that there were only two permanent senior care assistants employed in the home. A third senior care assistant was assisting in a temporary capacity. The staff reported that the lack of senior carer provision impacted on their ability to take planned annual leave which ultimately could result in further staff sickness. The staff further reported that they miss the support provided by the managerial role.

This matter was discussed with the RQIA senior management and the trust on 14 October 2019 and an action was requested as to how this staffing deficit would be addressed going forward. An action plan was received detailing how this deficit would be addressed. This was satisfactory and will continue to be monitored closely in future inspections.

Review of the staff duty roster further identified that there were multiple copies of the rota available. This made it difficult to determine the staff on duty on the day of the inspection. The duty rota does not record the full names and grades of staff. This was identified as an area for improvement to ensure compliance with the standards.

6.3.3 Residents' Views

Observation throughout the inspection found all the residents to be treated with dignity and respect by staff. The residents were well presented with good attention to detail. The residents praised the quality of the food and advised that anything additional would be available on request. The residents confirmed that the staff were kind to them and that they felt safe in the home.

In the afternoon there was music session provided for the residents. The residents appeared to enjoy the singing and a number of them were involved in dancing with the support of staff. Those residents who were unable to actively participate were observing and clapping their hands.

Comments made by residents included:

- "I am very happy in here. The staff are all good to me. They will come to me quickly if there is anything that I want. I can come and go as I please."
- "Everything is perfect. I have never been as happy as I am in here; I am very content. The food is lovely."
- "I am so happy in here. The staff are all wonderful, they never say no."
- "I am well looked after, if I want anything all I have to do is ask."

6.3.4 Staff Views

Discussion with the staff confirmed that there were positive relationships among the staff team and that they work well together. The staff reported that there was good communication across the staff team through the staff handover. The staff advised that they find the manager to be approachable and any issues raised are quickly resolved.

Discussion with staff showed they had a good knowledge of the residents and their individual needs and preferences. Staff were also knowledgeable of their roles and responsibilities and felt competent to carry these out.

Comments made by staff included:

- “There is a good team of care staff here for years who are helpful and supportive. There is good communication since the last inspection and better team work. The residents are all safe, well cared for, listened to and treated with respect.”
- “The residents get excellent care from all care staff. The team work is good and we each agree workloads. We help each other out. The manager is approachable and responsive to queries; things are dealt with quickly. I am content and enjoy my work.”
- “The care staff all help each other out, we all get on well. I get on well with the manager, she is approachable and I can easily go to her. The residents are safe and well cared for.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents and staff, residents’ clothing and appearance and the provision of activities on the day of the inspection.

Areas for improvement

One area for improvement was identified in relation to the duty rota.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline McCafferty, registered manager; Bob Brown, Director for Primary Care and Older Persons Services (PCOPS), WHSCT; Denise Foster, Head of service for Care and Accommodation, WHSCT; Paul McGready, Senior Social Work Practitioner, PCOPS, WHSCT; Michelle McMackin, OIC, Seymour Gardens, WHSCT; Carmel Darcy, Consultant Pharmacist, WHSCT; and Joanne Torrens, 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 care 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 17 October 2019</p>	<p>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.</p> <p>Ref: 6.3.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All statutory Residential Care Homes for Older People are implementing ERoster system presently. This system will ensure full staff names and grades of staff are accurately recorded electronically. The ERoster system is scheduled to be implemented in Thackerary in December 2019 by the Trust's ERoster team. All hand written rotas used before ERoster implementation will record full details of staff names and grades.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)