

# Unannounced Care Inspection Report

## 15 November 2016



## Thackeray Place

Type of service: Residential care home  
Address: 12 Ballyclose Street, Limavady, BT49 0BN  
Tel No: 0287776 3011  
Inspector: John McAuley

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Thackeray Place took place on 15 November 2016 from 10:30 to 14:00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found through this inspection in relation to staffing, infection prevention and control, and adult safeguarding.

No requirements or recommendations were made in relation to this domain.

### Is care effective?

There were examples of good practice found through this inspection in relation to staff knowledge and understanding of individual residents' needs and how to respond to such.

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

There were examples of good practice found through this inspection in relation to feedback from residents and staff on the provision of care.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found through this inspection in relation to the managerial and governance arrangements in place,

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Joseph Travers the registered manager, as part of the inspection process and can be found in the main body of the report.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 10 May 2016.

## 2.0 Service details

<b>Registered organisation/ registered person:</b> Western Health and Social Care Trust Elaine Way CBE	<b>Registered manager:</b> Joseph Travers
<b>Person in charge of the home at the time of inspection:</b> Joseph Travers	<b>Date manager registered:</b> November 2016
<b>Categories of care:</b> RC-A, RC-I	<b>Number of registered places:</b> 32

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection reports and accident and incident notifications.

During the inspection the inspector met with 18 residents and six members of staff of various grades and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 10 May 2015

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

### 4.2 Review of requirements and recommendations from the last care inspection dated 10 May 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 16.1 <b>Stated:</b> First time <b>To be completed by:</b> 10 August 2016	The registered person should revise and update the safeguarding policy and procedure, to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015). In updating this policy and procedure the home need to establish a safeguarding champion and include contact details of aligned Trust.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This policy and procedure has been revised accordingly.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 17.8 <b>Stated:</b> First time <b>To be completed by:</b> 10 August 2016	The registered person should ensure that senior staff in the home are trained on how to deal with complaints, in line with current legislation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Senior staff in the home have received training in the management of complaints.	

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Staffing levels at the time of this inspection consisted of;

- 1 x registered manager
- 1 x senior care assistant
- 3 x care assistants
- 2 x cooks
- 1 x catering assistant
- 3 x domestics
- 1 x clerical officer

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was inspected during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

Staff recruitment and selection is led and managed by the Western Health and Social Care Trust's human resource department in conjunction with the registered manager. Discussions with the registered manager confirmed that no staff have been recruited since the previous inspection and staffing in the home is very stable. Therefore staff personnel records were not inspected on this occasion.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of a safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met.

Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The registered manager confirmed there were risk management policy and procedures in place.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was clean and tidy, with a good standard of furnishings being maintained. The general décor of the home was of a dated tired appearance but was fit for purpose...

Inspection of the internal environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated October 2016. The report of this assessment had yet to be made available but it was reported that one recommendation was made from it. Evidence was in place to confirm that this recommendation was being addressed.

Review of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### **Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of three residents' care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident.

Care needs assessment were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident

Discussion with staff confirmed that a person centred approach underpinned practice. This was recognised in staff knowledge and understanding of residents' individual needs.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of complaints, falls, environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

The minutes of residents' meetings were inspected during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

#### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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#### 4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and choice for residents.

The inspector met with 18 residents at the time of this inspection. All confirmed that they were happy with their life in the home, and spoke with gratitude and praise for the care received. Some of the comments made included statements such as;

- “I am very happy here. I’d hate to leave here”
- “They look after us very well”
- “Things couldn’t be any better”
- “This is a wonderful place. Everyone is so kind”
- “The staff work very hard and would go the extra mile for you”
- “My key worker is brilliant, as are all the staff”
- “Absolutely no problems or complaints here”.

Discussion with residents confirmed that their spiritual and cultural needs were met within the home.

The inspector met with six members of staff of various grades on duty at the time of this inspection. Staff spoke positively about the standard of care provided for confirming that they felt they had the necessary resources to do so.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected, such as knocking of bedroom doors before entering or being sensitive about handing over verbal information

An appetising choice of dinner time meal was provided for, which residents commented positively on.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Staff interactions with residents were polite, friendly, warm and supportive.

Discussion with residents and observations of care practices confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Examples of these included residents’ meetings, care review meetings, a suggestion box and quality assurance questionnaires.



A quality assurance questionnaire has recently been distributed to residents to seek their views on the quality of care and the environment. The findings from the consultation will be collated into a summary report which will be made available for residents and other interested parties to read. An action plan will be developed and implemented to address any issues identified.

Discussion with residents and staff, observation of care practices and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Planned activities were displayed for residents to avail of. At the time of this inspection many residents were availing the services of a visiting hairdresser, whilst others watch television, enjoyed the company of one another or rested in their rooms. Arrangements were in place for residents to maintain links with their friends, families and wider community.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

Discussions with staff on duty at the time of this inspection was positive in respect of their roles, duties, morale, teamwork, and managerial support.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the residents' meetings, the Residents' Guide and information displayed. Senior staff have received training on complaints management and were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, such as recent training provided in an overview of particular issues of mental health.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The reports for August and September 2016 were inspected on this occasion and found to be maintained in informative detail with good evidence of governance.

Discussions with the registered manager confirmed that learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents Guide. Discussion with the registered manager identified that he had good understanding of his role and responsibilities under the legislation.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### **Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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