

Unannounced Care Inspection Report 25 April 2017









Thackeray Place

Type of service: Residential care home

Address: 12 Ballyclose Street, Limavady, BT49 0BN

Tel No: 0287776 3011 Inspector: John McAuley

1.0 Summary

An unannounced inspection of Thackeray Place took place on 25 April 2017 from 10.00 to 13.30 hours.

The inspection sought to determine if the residential care 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 throughout this inspection in relation to adult safeguarding and infection prevention and control.

Two areas for improvement were identified in relation to the suitability of chairs and risk assessments for residents who smoke.

Is care effective?

There were examples of good practice found throughout this inspection in relation to maintenance of care records and communication between residents, staff and other key stakeholders.

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

Is care compassionate?

There were examples of good practice found throughout this inspection in relation to feedback from residents and staff and observations of care practices and general atmosphere in the home.

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

Is the service well led?

There were examples of good practice found throughout this inspection in relation to the governance arrangements, management of complaints and accidents and incidents and maintenance of good working relationships.

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 |
|---|--------------|-----------------|
| Total number of requirements and | 2 | 0 |
| recommendations made at this inspection | 2 | U |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Pamela Campbell, acting manager, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

| Registered organisation/ registered person: Western Health and Social Care Trust Elaine Way CBE | Registered manager: Pamela Campbell |
|---|--|
| Person in charge of the home at the time of inspection: Pamela Campbell | Date manager registered: Acting capacity from April 2017 |
| Categories of care: RC-A, RC-I | Number of registered places: 32 |

3.0 Methods/processes

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

During the inspection the inspector met with 17 residents, five members of staff of various grades, the acting manager and head of accommodation.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Resident's care files
- Complaints and compliments records

RQIA ID: 1222 Inspection ID: IN028286

- Infection control register/associated records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- 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

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 22 February 2017

The most recent inspection of the home was an unannounced medicines management inspection. No requirements or recommendations were made as a result of this inspection.

4.2 Review of requirements and recommendations from the last care inspection Dated 15 July 2016

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The acting 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 and staff.

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

Discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training and supervision and appraisal of staff were regularly provided.

The acting 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.

The acting manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005, and records of these were retained in the Western Health and Social Care Trust's human resource department. The acting manager confirmed that no new staff have been recruited since the previous inspection.

Enhanced AccessNI disclosures would be viewed by the acting manager for all staff prior to the commencement of employment.

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 definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

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 acting 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.

Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met.

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

Inspection of the infection prevention and control (IPC) policy and procedure confirmed that this 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.

The acting manager reported that the outbreak of infection within the last year had been managed in accordance with the home's policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

The home was clean and tidy throughout. The general décor was dated but fit for purpose.

Many of the chairs in the home were tired and not comfortable. A requirement was made for these to be individually examined with the view for replacement.

The grounds to the home were maintained with good accessibility for residents to avail of.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. One issue of risk was identified with residents' smoking. A designated smoking area was in place. A risk assessment was also in place but this assessment lacked detail. Advice was given in relation to risk assessment and how this needed to be developed with staff. A requirement was made for residents who smoke to have an individual risk assessment in accordance with current guidelines on smoking, with subsequent appropriate action taken.

There were no other obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment as dated October 2016 and the one recommendation from it was confirmed to been dealt with.

Inspection 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

Two areas for improvement were identified in relation to the suitability of chairs and risk assessments for residents who smoke.

| Number of requirements | 2 | Number of recommendations | 0 |
|------------------------|---|---------------------------|---|
| | | | |

4.4 Is care effective?

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

An inspection 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. Issues of assessed need in residents' progress records had a recorded statement of care / treatment given with effect (s) of same. 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 were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced by staff knowledge and understanding of individual resident's needs. Records were stored safely and securely in line with data protection.

The acting 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. Further evidence of audit was contained within the monthly monitoring visits reports.

The acting 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 acting 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 confirmed that staff were able to communicate effectively with residents.

An inspection 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.

Areas for improvement

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

4.5 Is care compassionate?

The inspector met 17 residents at the time of this inspection. All confirmed that they were happy and satisfied with their life in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as;

- "There is good company, plenty to eat and plenty of craic. What more do you want?"
- "An absolutely wonderful place to be. The staff are simply the best"
- "it's the best care home in the country"
- "I really feel very safe here and it has helped me greatly"
- "It is really brilliant here"
- "It's a 100% with me and they look after everybody the same. No complaints at all"

Staff in the home spoke about how they promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with residents and staff confirmed that residents' spiritual and cultural needs, were met within the home.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records having evidence those issues of assessed need such as pain having a subsequent recorded statement of care given and effect(s) of same recorded.

Observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff interactions with residents were found to be polite, friendly, warm

and supportive. Residents were found to be comfortable and at ease in their environment and interactions with staff.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Observations of practice 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. These included residents' meetings, care review meetings and day to day contact with management.

Discussion with residents and staff, confirmed that residents were enabled and supported to engage and participate in meaningful activities. A planned programme of activity was on display with an activity in place each afternoon. 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.

| Number of requirements | 0 | Number of recommendations | 0 |
|------------------------|---|---------------------------|---|
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4.6 Is the service well led?

The acting manager confirmed that 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.

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' Guide and information displayed.

Discussion with the acting manager confirmed that she was knowledgeable about how to receive and deal with complaints.

Inspection 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. An inspection 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.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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 report of the visit on March 2017 was inspected and was found to be recorded in detail with good evidence of governance.

The head of accommodation was visiting the home at the time of this inspection and was present during feedback at the conclusion.

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 acting manager identified that she had understanding of her role and responsibilities under the legislation.

Inspection of records and discussion with the acting manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The acting 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 acting manager confirmed that staff could also access line management to raise concerns.

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

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 |
|------------------------|---|---------------------------|---|

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Pamela Campbell, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

| Quality Improvement Plan | | |
|--------------------------|--|--|
| Statutory requirements | | |
| Requirement 1 | The registered provider must examine the chairs individually in the | |
| Dof: Domilation | home to see if they are fit for purpose with the view for replacement. | |
| Ref: Regulation | | |
| 27(2)(g) | Response by registered provider detailing the actions taken: Requisition actioned through e-proc for 30 new chairs. | |
| Stated: First time | requisition actioned through e-proc for 30 new chairs. | |
| To be completed by: | | |
| 25 July 2017 | | |
| Requirement 2 | The registered provider must risk assess individual residents who smoke in accordance with current guidelines on smoking, with | |
| Ref: Regulation | subsequent appropriate action taken. | |
| 27(4)(b) | Subsequent appropriate detion taken. | |
| Stated: First time | Response by registered provider detailing the actions taken: | |
| Ciatod: Filot diffo | Individual risk assessments compiled for each individual smoker. | |
| To be completed by: | General risk assessment updated and Generic assessment updated. External and internal fire checks carried out every hour. | |
| 25 May 2017 | External and internal file checks carried out every flour. | |
| | | |

^{*}Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address*





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