

Inspection Report

24 August 2021



Thackeray Place

Type of service: Residential Care Home
Address: 12 Ballyclose Street, Limavady, BT49 0BN
Telephone number: 028 7776 3011

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Registered Manager: Ms Jacqueline McElhinney – acting manager
Responsible Individual: Dr Anne Kilgallen	
Person in charge at the time of inspection: Ms Jackie McElhinney	Number of registered places: 32
Residential Care (RC) I – Old age not falling within any other category. A – Past or present alcohol dependence.	Number of residents accommodated in the residential care home on the day of this inspection: 13
Brief description of the accommodation/how the service operates: This is a registered Residential Home which provides social care for up to 32 residents. The home is a single storey building, with 32 bedrooms, all of which have en suite facilities. Residents have access to communal lounge areas. The home is attached to a day care facility, which is separately managed.	

2.0 Inspection summary

An unannounced inspection took place on 24 August 2021 from 10.00 to 15.45 by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

We found that there were significant improvements in the management and governance arrangements in the home with most of the areas for improvement identified at the last care inspection found to be met. One area for improvement in relation to the dining area will be stated for the second time.

Staffing arrangements were found to be safe and effective and adjusted if required. Staff were seen to be professional and polite as they conducted their duties and told us that they were very happy with the appointment of a manager.

Residents were seen to be well looked after. There was clear evidence of attention to personal care and dressing and for those residents who required assistance with mobility and meals; this was provided by staff in a prompt and compassionate manner.

Residents expressed positive opinions about the home and the care provided. Residents told us that staff were friendly and that they were satisfied with the food provided.

Feedback from residents and staff indicated that they were very satisfied with the care and service provided at Thackeray Place.

RQIA were assured that the delivery of care and services provided in Thackeray Place was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection report and returned quality improvement plan (QIP), registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection

4.0 What people told us about the service

We met with 10 residents and three staff either individually or in small groups.

Residents told us that they were satisfied with the care delivery in the home. They described staff as “good” and “very kind.” and said that there was enough staff available and that they get help and assistance when they need it. The residents all commented positively on the meal provision in the home. Observation during the inspection indicated that residents’ needs were met.

Staff spoke positively about the appointment of the home manager and advised there was good team work within the home. Staff spoken with said “the new manager is very approachable” and “the care is very individualised and person centred.”

Six questionnaires were returned following the inspection from residents and relatives. All of the responses indicated that they were satisfied with the care; that the residents were well looked after and any issues raised were addressed. One comment was: “all care is effective and efficient at all times.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Thackeray Place was undertaken on 11 May 2021 by a care inspector.

Areas for improvement from the last inspection on 11 May 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 30 (1) (f) Stated: Second time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that RQIA are informed of any accident in the home. This relates to the submission of statutory notifications.</p> <p>Action taken as confirmed during the inspection: A review of the records of accidents and incidents confirmed that accidents in the home were appropriately managed and reported.</p>	Met
Area for Improvement 2 Ref: Regulation 13 (1) (a) Stated: First time To be completed by:	<p>The registered person shall make proper provision for the health and welfare of residents. This relates specifically to ensuring that:</p> <ul style="list-style-type: none"> • medical attention is sought following any unwitnessed fall • residents’ risk assessments are reviewed and updated following a fall. 	

With Immediate effect	Action taken as confirmed during the inspection: A review of the records of accidents and incidents confirmed where appropriate medical attention was sought following a fall and risk assessments were reviewed and updated accordingly.	
Area for improvement 3 Ref: Regulation 18 (1) Stated: First time To be completed by: 25 May 2021	The registered person shall ensure that all rooms are only used for their designated purpose at all times and that inappropriate storage within identified rooms is removed. Action taken as confirmed during the inspection: An inspection of the environment confirmed that all rooms were returned to their designated purpose and inappropriate storage was removed.	Met
Area for improvement 4 Ref: Regulation 27 (2) (g) Stated: First time To be completed by: 31 May 2021	The registered person shall ensure that all residents have access to an appropriate communal dining space at all times. Action taken as confirmed during the inspection: An inspection of the environment confirmed that there was no communal dining space available for residents. This area for improvement will be stated for the second time.	Not met
Area for improvement 5 Ref: Regulation 8 (1) Stated: First time To be completed by: With Immediate effect	The registered person shall ensure that a manager is appointed to manage the home and that RQIA is formally notified of this appointment. Action taken as confirmed during the inspection: A manager has been appointed to manage the home and RQIA were formally notified. The manager was available during the inspection.	Met

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 32 Stated: First time To be completed by: 7 November 2019	The registered person shall ensure that all medicines are stored at appropriate temperatures according to the manufacturer's requirements.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: 7 December 2019	The registered person shall ensure that audit procedures for the management of medicines are overseen by management and ensure consistency with the home's policy and procedures as detailed in the report.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 12.4 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that the daily menu is accessible and displayed in a suitable format for residents.	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that the daily menu was displayed for residents.	
Area for improvement 4 Ref: Standard 27.1 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that all bedrooms are clean and free for clutter. This is in specific reference to ensuring that sink areas within residents' bedrooms are effectively maintained.	Met
	Action taken as confirmed during the inspection: An inspection of the residents' bedrooms found that they were clean and sink areas contained less clutter.	
Area for improvement 5 Ref: Standard 27.6	The registered person shall ensure that an identified doorway between the home and an adjacent day centre is effectively secured.	

Stated: First time To be completed by: 31 May 2021	Action taken as confirmed during the inspection: On the day of the inspection we noted that the door between the home and the day centre was unsecured. We observed that a keypad was installed to restrict access; however the keypad was not yet operational. The manager confirmed by email following the inspection that the keypad was now activated and only staff with access can move between the two facilities.	Met
Area for improvement 6 Ref: Standard 22.3 Stated: First time To be completed by: With Immediate effect	The registered person shall ensure that relevant records are available for inspection in the home at all times. Action taken as confirmed during the inspection: Discussion with the manager and staff confirmed that there were arrangements in place for staff to access relevant records in the absence of the manager.	Met
Area for improvement 7 Ref: Standard 20.3 Stated: First time To be completed by: 31 May 2021	The registered person shall ensure that there is a system in place to check and monitor staff registration with their professional body. Action taken as confirmed during the inspection: A review of the records of professional registration confirmed that there was a system in place to check that staff were appropriately registered.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. However the manager's working hours were not recorded on the rota. This was identified as an area for improvement.

Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met. We discussed with the manager the importance of ensuring the grades of staff are correctly recorded on the rota.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff were appropriately registered with their professional body and systems were in place to ensure this remained live. Newly appointed care staff were supported to register with the Northern Ireland Social Care Council (NISCC).

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way. Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to residents' requests for assistance promptly and in a caring and compassionate manner.

Residents said that they felt safe in the home and that staff were always available and were kind to them.

5.2.2 Care Delivery and Record Keeping

When we walked around the home the atmosphere was calm and relaxed. We observed residents able to walk around freely in and outside the home.

Staff received a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about residents' needs, preferred daily routines and likes and dislikes.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were observed to be prompt in recognising residents' needs. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs. These included any advice or directions by other healthcare professionals. Residents' care records were held confidentially.

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

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Where a resident was at risk of falling measures to reduce this risk were put in place, for example, equipment such as bed rails were in use where required. Those residents who were at risk from falls had care plans in place.

Records confirmed that in the event of a fall the home's post falls protocol was followed and there was evidence that staff took appropriate action, such as, referral for medical assessment or to the HSC Trust's falls prevention team. Where residents were at risk of falls; measures were put in place to reduce this risk such as alarm mats and crash mats. A monthly falls analysis is carried out to establish if there are any patterns or trends and to determine if there are other measures that can be put in place to reduce the risk of falls.

We observed that the daily menu was displayed and a choice of meal was available for residents.

Residents looked well cared for in that they were well dressed with attention to detail in regards to personal appearance.

Staff reported that the care provided to the residents was of a high standard and was person centred.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed that residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, clean and tidy; and comfortable.

The excess clutter which was previously identified around sink areas was either removed or storage in plastic containers to facilitate cleaning. The excess clutter was removed from rooms and they were returned to their designated purpose.

As stated in section 5.1 there was no communal dining space available for residents to dine together. We discussed this with the manager who advised that the resident dining area which is currently being used as a staff breakout area; will soon revert to the dining room when the staff relocate to the newly refurbished area. This area for improvement will be stated for the second time.

It was observed that the connecting doorway between the home and the adjacent day centre was unsecured. We observed that a keypad was installed to restrict access; however the keypad was not yet operational. The manager confirmed by email following the inspection that the keypad was now activated and only staff with appropriate access can move between the two facilities.

We noted that fire exits and corridors were observed to be clear of clutter and obstruction. However we observed one fire door held open with a wooden wedge and two other wooden wedges were observed in the home. We discussed with the manager that the practice of holding doors open with wedges must cease. Where doors are required to be held open an appropriate device should be fitted. This was identified as an area for improvement.

Appropriate precautions and protective measures were in place to manage the risk of infection. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

5.2.4 Quality of Life for Residents

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

In the morning we observed residents engaged in individual activities such as knitting, word searches or reading the daily newspaper. The residents spoken with advised that there are usually activities offered in the afternoon such as; playing bingo or music activities.

Residents were offered choices throughout the day; from where and how they wish to spend their time to what they ate and drank.

Some residents raised concerns in relation to an identified resident. This was discussed with the manager who was fully apprised of the situation. The manager has involved the trust key worker and is seeking to find a resolution to the matter.

Visiting arrangements were in place in accordance with Department of Health guidance. The staff commented on the positive benefits to the physical and mental wellbeing of residents.

Residents said the range of available activities within the home kept them occupied during the day. Staff said that they enjoyed participating in activities with the residents.

5.2.5 Management and Governance Arrangements

Ms Jackie McElhinney has been appointed as the manager of Thackeray Place and RQIA were formally notified. Staff were aware of who the manager of the home was, their own role in the home and how to raise any concerns about residents, care practices or the environment.

As stated above we were unable to access a number of records during the last care inspection. However discussion with the manager and staff confirmed that there were arrangements in place for staff to access all relevant records in the absence of the manager.

Staff commented positively about the appointment of the manager and described her as approachable and always available for guidance.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were appropriately managed and notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by the registered provider's representative to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by residents, their representatives, the Trust and RQIA.

6.0 Conclusion

Residents appeared well dressed clean and comfortable. There was a relaxed ambience in the home with residents and staff enjoying a good rapport with one another.

The manager spoke enthusiastically about further enhancing the care delivery to residents alongside developing her role in that regard.

Feedback from staff was positive in terms of the appointment of the manager and that they found the manager to be approachable and supportive.

As a result of this inspection two new areas for improvement were identified in relation to fire safety and the duty rota. One area for improvement was stated for the second time in regards to the dining area.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011)

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

* the total number of areas for improvement includes one area that has been stated for a second time and two areas which have been carried forward for review to the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Jackie McElhinney, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (g) Stated: Second time To be completed by: 30 September 2021	The registered person shall ensure that all residents have access to an appropriate communal dining space at all times. Ref: 5.2.3 Response by registered person detailing the actions taken: Communal dining area is now accessible for residents.

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the practice of propping doors open must cease.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Door release systems have been requested, to be completed in the coming weeks. All staff informed verbally that doors are not to be propped open, and the importance of adhering to this.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for Improvement 1</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2019</p>	<p>The registered person shall ensure that all medicines are stored at appropriate temperatures according to the manufacturer's requirements.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 7 December 2019</p>	<p>The registered person shall ensure that audit procedures for the management of medicines are overseen by management and ensure consistency with the home's policy and procedures as detailed in the report.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2021</p>	<p>The registered person shall ensure that the hours worked by the manager are recorded on the staff duty rota.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Managers working hours are recorded on staff rota.</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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