

# Announced Variation to Registration Inspection Report

29 May 2024



## Thackeray Place

Type of service: Residential  
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

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust (WHSCT)	<b>Registered Manager:</b> Ms Carrie Simpson
<b>Responsible Individual:</b> Mr Neil Guckian	<b>Date registered:</b> Acting
<b>Person in charge at the time of inspection:</b> Ms. Carrie Simpson - Acting	<b>Number of registered places:</b> 28
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. A – Past or present alcohol dependence.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 14
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 28 residents. The home is proposed to be divided into two units over one floor.	

## 2.0 Inspection summary

An announced inspection took place on 28 May 2024, from 2pm to 3.40pm. The inspection was conducted by a care inspector and an estates inspector.

The inspection sought to assess the variation to registration of seven new registered dementia care bedded unit in the home.

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

## 3.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the applications for variation.

Building services maintenance certificates and associated registration documents were reviewed by the designated estates inspector prior to this inspection.

The findings of the inspection were provided to the management team at the conclusion of the inspection.

#### 4.0 The inspection

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

Areas for improvement from the last inspection on 30 January 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that records of administration of external medicines are fully and accurately maintained.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 27 (4) <b>Stated:</b> First time	The registered person shall ensure that any recommendations made as a result of the fire safety risk assessment are signed as actioned by the manager, when completed.	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> The fire safety risk assessment was being updated following this inspection.	
<b>Area for Improvement 3</b> <b>Ref:</b> Regulation 27 (4) <b>Stated:</b> First time	The registered person shall ensure that: <ul style="list-style-type: none"> <li>• All staff complete fire safety training twice yearly</li> <li>• All staff participate in a fire drill at least once a year</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All staff were in receipt of up-to-date fire safety training and fire safety drills.	

<b>Area for Improvement 4</b> <b>Ref:</b> Regulation 30 (1) (d) <b>Stated:</b> First time	The registered person shall ensure that all incidents affecting the health, care and welfare of residents are reported to RQIA in a timely manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These incidents were appropriately reported to RQIA.	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time	The registered person shall ensure that the manager has oversight of the recruitment process including all pre-employment checks.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28.5 <b>Stated:</b> First time	The registered person shall ensure that a risk assessment is completed in relation to hot surfaces with particular reference to the radiators, with subsequent appropriate action.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Covers had been installed to all the radiators in the new unit. A risk assessment was put in place for the remaining hot surfaces in the home and a requisition had been set to the estates department for installation of covers.	

## 4.2 Inspection findings

### Statement of Purpose

The establishment's Statement of Purpose had been reviewed to include the changes in the number of rooms and change in the category of care and outlined the range of services provided in accordance with Regulation 3 (1) of The Residential Homes Regulations (Northern Ireland) 2005.

## Resident's Guide

The establishment's Resident's Guide had been reviewed to include the changes in the number of rooms and change in the category of care and outlined the range of services provided in accordance with DHSSPS Residential Care Homes Minimum Standards (2011) and Regulation 4(1) (b) and 5 (1) (b) of the Residential Homes Regulations (Northern Ireland) 2005.

## The Environment

### VA012352 - Repurposing of seven beds for RC-DE

The refurbished seven beds were in a self-contained unit on the ground floor of the building. In addition to seven bedrooms, the ground floor contained a dining area, communal day room and sluice room facilities.

Residents would be accommodated in single bedrooms which were found to be hazard free. The resident's bedrooms were appropriately furnished. Wardrobes were appropriately secured.

Communal bathrooms were clean and hygienic.

PPE was readily available and PPE stations were well stocked. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

Waste disposal bins were provided in the home. Hand wash and hand towels were in place in communal bathrooms.

The areas of the environment viewed during the inspection presented as organised and adequately heated. The décor and furnishings had been completed to a high standard. There was outside space designated for the use of the social care residents. There are plans in place to develop this outdoor area.

From a care and estate inspectors' perspective the accommodation to be occupied by service users living with dementia is suitable for use, and the variation is approved.

## Operational issues

The Manager of the home is Ms Carrie Simpson. She is supported in her role by a line management structure with the Western Health & Social Care Trust.

The Manager confirmed to the inspector that admissions to the home would be managed in a phased manner so as to enable staff sufficient time to become familiar with newly admitted residents and plan care accordingly. A phased approach to admission would also afford new residents time to settle and to become accustomed to life in Thackeray Place.

The Manager confirmed that they will complete a pre-admission assessment for all residents prior to admission to the home. It was confirmed by the Manager that the care plan would incorporate all information gathered and be developed in accordance with assessed need.

It was confirmed by the Manager that a range of risk assessments will be completed upon admission to ensure the resident's suitability for the new unit.

The Manager was aware of their responsibilities in regard to the categories of care for which the home will be registered.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Head of Service was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

## Staffing

The inspector was informed that the planned staffing levels for the home would be flexible and responsive to the changing needs and numbers of residents as the home began to admit residents. Catering and domestic services were to be shared with the entire residential home.

The Manager confirmed that appropriate staffing levels would be maintained to ensure that the assessed needs of the residents are met. It was reported that a recruitment exercise is underway with the human resource department for staffing with this new unit.

It was confirmed that all staff working in this new unit would be in receipt of mandatory training including training in dementia.

## Management of building services & environment

The modified and refurbished accommodation to be utilised as a dementia unit was completed in accordance with current building regulation standards.

The building fabric and surface finishes were good quality and compliant with current `Fitness of the premises` requirements

A review of the fire risk assessment report and subsequent inspection of existing fire doors within the home indicated that `cold smoke` retention measures had not been improved/upgraded on a number of existing fire doors.

The Western HSC Trust Project Officer indicated that repair works would be arranged to rectify the integrity of the fire doors, and the fire risk assessment will be reviewed upon completion of the works.

The building control approval of works certificate, building services installation and commissioning certificates, legionella prevention and control risk assessment report and certificates were reviewed and evaluated as compliant with the current `Fitness of the premises` section of the Residential Care Homes Minimum Standards.

### 5.0 Quality Improvement Plan/Areas for Improvement

No areas of improvement have been identified during this inspection.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	1*

\* the total number of areas for improvement includes three which are carried forward for review at the next inspection.

Details of the Quality Improvement Plan were discussed with Ms. Carrie Simpson, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and on-going	The registered person shall ensure that records of administration of external medicines are fully and accurately maintained.  Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27(2)(4)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 March 2024	The registered person shall ensure that any recommendations made as a result of the fire safety risk assessment are signed as actioned by the manager, when completed.  Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2024	The registered person shall ensure that the manager has oversight of the recruitment process including all pre-employment checks.  Ref: 5.1
	<b>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.</b>

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



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