

# Inspection Report

**Name of Service:** Thackeray Place  
**Provider:** Western Health and Social Care Trust  
**Date of Inspection:** 1 February 2025

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>Responsible Individual:</b>	Mr Neil Guckian
<b>Registered Manager:</b>	Miss Carrie Simpson – not registered
<p><b>Service Profile –</b>  This home is a registered residential care home which provides health and social care for up to 21 residents. The home provides care for up to seven residents living with dementia and general health and social care for up to fourteen residents over 65 years of age. There are a range of communal areas throughout the home and residents have access to an enclosed garden area.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 1 February 2025, between 9.50 am and 4.40 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 29 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. The other area for improvement was partially addressed and has been stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Residents spoken with provided positive feedback about their experiences residing in the home. Some of the comments shared included; "I love it in here", "it's home from home" and "the staff are all lovely." Residents said they were provided with choice throughout the day and provided positive feedback about the food; one resident said, "there is a good variety of food." Other comments made by a resident were shared with the management team for review and action as appropriate.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents explained that they could have birthday parties with family/friends in their room or one of the lounges, could go out to church, local shops, clubs, pubs or other activities in the community.

Residents said that the staff offered choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to manage staffing however, pre-employment checks did not clearly evidence the date enhanced disclosures had been completed for internal employees and physical and mental health assessments. Whilst improvements were evident, further improvements are required to ensure these checks are robust. The previous area for improvement identified relating to this was partially met and will be stated again for a second time.

A discussion took place with the management team to ensure that the person in charge in the absence of the manager is clearly recorded for all shifts. Assurances were provided in writing following the inspection this has been addressed.

A sample of agency staff profiles were reviewed, it was evident that the information held for these staff regarding fitness to work was not always up to date and accurate, for example; mandatory training and registration with the Northern Ireland Social Care Council (NISCC). Assurances were provided in writing following the inspection that these will be reviewed on an ongoing basis. An area for improvement was identified.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; staff were observed supporting residents who wished to watch a religious service on TV.

#### 3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Throughout the day staff confirmed that they attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' 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 also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. A recommendation was made for a system to be implemented to monitor Deprivation of Liberty Safeguards (DoLS) for those residents who have these in place.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those resident who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. A discussion took place with the management team to ensure the activity planner was kept on display in both units in the home. Comments made regarding activities were shared with the management team for review and action as appropriate.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts, one to one reading or listening to the radio.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. There was not always evidence of residents or their representatives involved in planning their own care, this was discussed with the management team for review and action as appropriate. Care plans and risk assessments were not always evidenced in place for those residents who smoke; an area for improvement was identified.

### 3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were generally well decorated, suitably furnished, warm and comfortable. There was evidence of wear and tear to some of the furniture in residents bedrooms in the general residential unit, for example; wardrobes. A discussion took place with the management team and assurances were provided this would be reviewed and action taken as appropriate.

There was evidence that the door leading to an electrical cupboard had not been secured appropriately. This was addressed at the time of the inspection and assurances were provided in writing following the inspection that this would be reviewed on an ongoing basis by senior staff. An area for improvement was identified.

There was evidence of the laundry area accessible to residents in the general residential unit. The management team agreed to complete a risk assessment to manage this safely.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Carrie Simpson has been the manager in this home since 1 November 2023.

Residents and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that systems were in place for reviewing the quality of care, other services and staff practices. A discussion took place with the management team to ensure environmental audits are completed consistently and where deficits are identified, action plans are in place to address these. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

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

\* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Carrie Simpson, Manager, and Mrs Dora Dani (Person in Charge) 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 21 (4) (b) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 February 2025	<p>The Registered Person shall ensure that any staff member employed in the home through an agency, has the appropriate pre-employment checks in place.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Following the inspection updated profiles for agency staff were requested. The manager will undertake a regular audit of agency profiles to ensure appropriate pre-employment checks have been undertaken by the agency.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 February 2025	<p>The Registered Person shall ensure that all areas of the home to which residents have access are free from hazards to their safety. With specific reference to ensuring that: the electrical cupboard is kept locked.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Electrical cupboard was secured on the day of inspection and a system of regular checks by senior staff has been implemented to ensure it remains locked.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time  <b>To be completed by:</b> 1 February 2025	<p>The Registered Person shall ensure that the manager has oversight of the recruitment process including all pre-employment checks.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Following consultation with HR, it has been clarified that the information relating to pre-employment checks which is not currently available to view on the recruitment portal can be requested from HR. Moving forward this information will be requested for any candidate under going pre-employment checks as part of the recruitment process.</p>

<b>Area for improvement 2</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time <b>To be completed by:</b> 1 February 2025	The Registered Person shall ensure care plans and risk assessments are in place for those residents who smoke.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> Smoking care plans and risk assessments have been completed and are in place for those residents who smoke.

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



## The Regulation and Quality Improvement Authority

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