

# Inspection Report

**Name of Service:** Thackeray Place  
**Provider:** Western Health and Social Care Trust  
**Date of Inspection:** 24 June 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. 14 residents are accommodated under the elderly category of care and seven residents are accommodated under the dementia category of care. Accommodation is on a ground floor level with a range of shared communal areas.</p> <p>There is a registered day care centre attached to the home, which is managed by a separate registered manager.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 24 June 2025, from 9.30am to 2.50pm. The inspection was conducted 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 1 February 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients 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 patients and were trained to deliver safe and effective care.

As a result of this inspection all the previous areas of improvement was assessed as having been addressed by the provider. Two new areas for improvement were identified. Full details, 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 residents, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 said they were very happy with the care in the home and that staff were kind and caring. Some of the comments made included; "I am very happy here. It is working out very well.", "The staff are very good and so is the food.", and "It's a lovely place here. If anyone runs it down, it is not right."

Staff spoke positively about their roles and duties, staffing levels and the provision of training. They also said that management were supportive and readily available and that they would have no hesitation with reporting any issues of concern.

Feedback from one returned relative's questionnaire included the following statement; "My xxx is very secure and safe and is content to be in the home because of all the care and attention she gets. The staff are very caring and helpful to all our family."

## 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 appropriate systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

An appropriate system to manage the registration of care staff with the Northern Ireland Social Care Council (NISCC) was in place.

Any member of staff who is in charge of the home in the absence of the manager has a competency and capability assessment completed for this responsibility.

An area of improvement was made for all care staff to receive training in dementia awareness.

### 3.3.2 Quality of Life and Care Delivery

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 practices, such as a locked door facility in the dementia unit that could be considered restrictive. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Discussion with staff confirmed that the risk of falling and falls were managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. Care staff have also received training in the management of falls.

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 assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. The dinner time meal was appetising, wholesome and nicely presented. 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. Residents commented positively throughout this inspection on the provision of meals.

An area of improvement was made for all staff, as appropriate, to receive training in food hygiene / safety.

Residents' preferences and wishes were respected with choice to reside in their bedroom with their chosen activity such as resting, reading, listening to music or watching television. The genre of music played and television channels was in keeping with residents' age group and tastes.

### 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.

Care records were held confidentially.

Care records were 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.

### 3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Residents' bedrooms were comfortable and suitably facilitated, with many of these personalised. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The grounds of the home were suitably maintained.

The home's fire safety risk assessment was completed on 18 June 2024. Corresponding evidence was recorded of the actions taken in response to the recommendations made as a result of this assessment. All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment. Fire safety drills were not maintained on an up-to-date basis for all staff. An area of improvement has been made in this regard.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

### 3.3.5 Quality of Management Systems

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

Accidents and incidents were notified, if required, to residents' next of kin, aligned named workers and to RQIA. A monthly analysis of accidents and incidents was carried out.

Records of complaint evidenced that such expressions were taken seriously and managed appropriately, as well as learning platforms to drive improvement.

There was a range of system of audits and quality assurance in place. These audits included; environmental, infection prevention and control and care records.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. These reports were informative and detailed and included action plans to address any issues identified. The reports are available for review by residents, their representatives, the Trust and RQIA.

#### 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>	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss 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 27 (4) (f)  <b>Stated:</b> First time  <b>To be completed by:</b> 25 July 2025	<p>The registered person must ensure fire safety drills are maintained on an up-to-date basis for all staff</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All staff have now completed a fire drill. Moving forward fire drills will be scheduled following review of the rota and staff requirements.</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 23.4  <b>Stated:</b> First time  <b>To be completed by:</b> 25 July 2025	<p>The registered person should ensure all care staff are in receive of dementia awareness training.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All Senior Care Assistant staff have been booked on to a full day training session. Half day training sessions have been sourced for care assistant staff through the Trust Learning, Development and Governance Team and will be delivered in due course.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time  <b>To be completed by:</b> 25 July 2025	<p>The registered person should all staff, as appropriate, to receive training in food hygiene / safety.</p> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Food Hygiene training has been sourced for all relevant staff. Dates to be confirmed.</p>

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



## The Regulation and Quality Improvement Authority

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