

Inspection Report

11 January 2022



William Street Care Home

Type of Service: Residential Care Home
Address: 98 William Street, Londonderry BT48 9AD
Tel No: 028 7126 4213

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Mr Neil Guckian	Registered Manager: Mrs Moia Patricia Irvine Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs Bronagh Elliott, Senior Care Assistant	Number of registered places: 27
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of residents accommodated in the residential care home on the day of this inspection: 17
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 27 residents. The home is a single storied dwelling and each resident has their own bedroom. Residents also have access to communal areas with secure outside spaces.	

2.0 Inspection summary

An unannounced inspection took place on 11 January 2022 from 10.50 hours to 4pm. The inspection was carried out by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and free from malodour and bedrooms were personalised. Staffing arrangements were found to be safe and adjusted if required. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles by the manager.

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in William Street Care Home.

One new area requiring improvement was identified in relation staff training. Four areas in relation to medicines management were carried forward to the next inspection and an area for improvement in regards to hot surfaces was stated for the second time.

RQIA were assured that the delivery of care and services provided in William Street Care Home 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 quality improvement plan, 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.

4.0 What people told us about the service

We met with 11 residents and three staff either individually or in small groups.

Residents told us that they felt safe and well cared for. They described the staff as being kind, helpful and wonderful. Residents stated that they enjoyed the food and there was always a choice of food available. Residents commented that the care delivery was to a good standard. Comments included: "This is the nearest place to home; if I have to be outside of my home. The staff are wonderful; their heart is in their work. I feel so safe in here." "The staff are so good and so kind and the buzzer is here if you need anything."

Staff spoke positively about working in the home and advised there was good team work within the home.

Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the residents. The staff acknowledged that there had been some challenges with the staffing arrangements due to staff sickness or other absences, however the staff team all worked together and covered additional shifts. Comments included: "Everyone helps each other out; there is good teamwork. Everyone knows the residents well and they are good at working with the residents."

Three completed questionnaires were returned to RQIA, by residents which indicated that they were satisfied with the service provided in the home.

5.0 The inspection

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

A medicines management inspection was completed to William Street Care home on 25 November 2020. The most recent inspection to William Street Care Home was undertaken on 27 January 2021 by a care inspector.

Areas for improvement from the medicines management inspection on 25 November 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 30 Stated: First time	The registered provider should review the management of distressed reactions 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 2 Ref: Standard 31 Stated: First time	The registered provider should ensure that two designated staff are involved in the writing and updating of medicine records.	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 31 Stated: First time	The registered person shall ensure review the arrangements for the cold storage of medicines to ensure that temperatures are maintained within the accepted range and the thermometer is reset every day. 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.	Carried forward to the next inspection
Area for improvement 4 Ref: Standard 31 Stated: First time	The registered person shall ensure that the receipt and disposal of medicines records are fully and accurately maintained. 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.	Carried forward to the next inspection
Areas for improvement from the last inspection on 27 January 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure that: <ul style="list-style-type: none"> • care plans accurately reflect the needs of the residents including recommendations from the multi-disciplinary team • risk assessments in relation to the management of residents who smoke are more detailed and person centred • care records for residents readmitted to the home are reviewed in a timely manner. Ref: 6.2.4 Action taken as confirmed during the inspection: A review of three care records confirmed that care plans accurately reflected the needs of the residents including recommendations from the multi-disciplinary team and risk assessments in relation to the management of residents who smoke were improved upon, were more detailed and person centred. Care records for residents readmitted to the home were updated in a timely manner.	Met

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • fire doors are not propped open • all fire doors should be fully closing. <p>Action taken as confirmed during the inspection: An inspection of the environment confirmed that fire doors were not propped open and all fire doors were observed to be fully closing.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that RQIA are informed of any event in the home which affects the care, wellbeing or safety of any resident.</p> <p>Action taken as confirmed during the inspection: An inspection of the records of accidents and incidents confirmed these were appropriately managed and reported.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the duty rota accurately reflects:</p> <ul style="list-style-type: none"> • all of the staff on duty in the home • the hours worked by the manager in the home. <p>Action taken as confirmed during the inspection: A review of the staff duty rota confirmed that it accurately reflected all of the staff on duty including the staff on duty overnight and the manager's hours were also recorded.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all care records are signed and dated by the person completing them.</p> <p>Action taken as confirmed during the inspection: A review of three care records confirmed that all care records were appropriately signed and dated by the person completing them.</p>	<p>Met</p>

Area for improvement 3 Ref: Standard 28.5 Stated: First time	The registered person shall ensure that risk assessments are completed in relation to hot surfaces and subsequent action is taken.	Not met
	Action taken as confirmed during the inspection: An inspection of the environment identified that these radiators/hot surfaces remained very hot to touch. Discussion with the staff on duty confirmed that this will be addressed during planned refurbishment work in the home. This area for improvement will be stated for the second time.	
Area for improvement 4 Ref: Standard 27.11 Stated: First time	The registered person shall ensure that the inappropriate storage is removed from the identified bedrooms and returned to the purpose for which they are registered.	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that there was one room which contained excess storage. During discussion with staff we were advised this was equipment to facilitate staff testing arrangements.	

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 and identified the person in charge when the manager was not on duty. The manager's hours were also recorded.

Staff told us that there was enough staff on duty to meet the needs of the residents. The staff also confirmed that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

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

Staff said teamwork was good and that the manager was approachable. Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering

personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. There were some systems in place to ensure staff were trained and supported to do their job. For example, training was provided for staff on a range of topics including moving and handling, fire safety and adult safeguarding. However following review of training records we identified some deficits such as fire safety training was only completed annually for the last three years. This was identified as an area for improvement.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

Residents said that they felt safe in the home and that staff were always available and were kind to them. One comment made was "I feel very safe in here".

5.2.2 Care Delivery and Record Keeping

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. This was good practice.

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care. We observed residents able to walk around freely and light music was playing in the background.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff spoken with were aware of the residents' nutritional needs and provided assistance and support as needed.

There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff. Meals were covered during transportation to residents who chose to have their lunch in their bedrooms.

Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their pre admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. 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.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a high standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire exits and corridors were observed to be clear of clutter and obstruction. The home's most recent fire safety risk assessment was completed on 24 March 2021. Any areas for improvement identified within this assessment were signed as addressed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

5.2.4 Quality of Life for Patients

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Staff were seen to be attentive to residents needs including their social well-being.

A programme of activities was in place which mostly involved one to one time with residents or in small groups. We observed some residents engaged in puzzles, while others were reading their daily paper and watching television.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Two residents made the following comments; "I am so happy in here and so well cared for" and "I love it here; it's a great place."

5.2.5 Management and Governance Arrangements

There has been no change to the management arrangements since the last inspection; Mrs Moia Irvine remains the registered manager of the home at the time of this inspection.

Staff were aware of who the manager of the home was and demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about resident care or staffs' practices. Staff commented positively about the manager and described her as approachable and accessible.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

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 notified, if required, to residents' next of kin, their care manager and to RQIA.

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. 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 are available for review by residents, their representatives, the Trust and RQIA.

6.0 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	1	5*

* the total number of areas for improvement includes one area which has been stated for a second time and four areas which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Bronagh Elliott and Brenda King, Senior Care Assistants, 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 20 (1) (c) (i) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that mandatory training for all staff is maintained on an up to date basis with particular reference to the completion of fire safety training. Ref: 5.2.1 Response by registered person detailing the actions taken: Registered Manager will ensure that 6 monthly fire training is maintained via e-learning as fire officers are not offering in-house training. All other mandatory training will be kept up to date via e-learning and face to face, where possible.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for Improvement 1 Ref: Standard 30 Stated: First time To be completed by: 13 April 2017	The registered provider should review the management of distressed reactions as detailed in the report. Ref: 5.1 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 31 Stated: First time To be completed by: Immediately and ongoing	The registered provider should ensure that two designated staff are involved in the writing and updating of medicine records. Ref: 5.1 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>Area for Improvement 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure review the arrangements for the cold storage of medicines to ensure that temperatures are maintained within the accepted range and the thermometer is reset every day.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</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>The registered person shall ensure that the receipt and disposal of medicines records are fully and accurately maintained.</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 5</p> <p>Ref: Standard 28.5</p> <p>Stated: Second time</p> <p>To be completed by: 28 February 2022</p>	<p>The registered person shall ensure that risk assessments are completed in relation to hot surfaces and subsequent action is taken.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Risk assessment has been reviewed and updated. Awaiting minor capital works to resolve the problem. This issue is listed on forthcoming estates works to commence at William Street RHOP in March/April 2022.</p>

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