Unannounced Care Inspection Report
08 October 2019

William Street Care Home

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for

2.0 Profile of service

This is a registered residential care home which provides care for up to 27 residents within the category of care for older people.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust **Responsible Individual:** Anne Kilgallen	**Registered Manager and date registered:** Moia Patricia Irvine 01/04/2005
Person in charge at the time of inspection: Mary McLoone, Senior Care Worker	**Number of registered places:** 27 – RC I
Categories of care: Residential Care (RC) I - Old age not falling within any other category	**Total number of residents in the residential care home on the day of this inspection:** 17

4.0 Inspection summary

An unannounced inspection took place on 8 October 2019 from 11.00 hours to 15.30 hours.

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

Evidence of good practice was found in relation to how residents were treated with dignity and respect and fully involved in decisions affecting their treatment, care and support. There was also good evidence of effective governance arrangements and resident and staff satisfaction with the care provided. Evidence of good practice was also found in relation to staffing, effective communication and good team working.

Areas for improvement were identified in relation to staff training in first aid, menu cycle rotation, recording complaints response within complaints records and inclusion of identified dental care needs within care plans.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other residents and staff.

Comments received from resident and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Mary McLoone, senior care assistant in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 20 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 20 February 2019.

No further actions were required to be taken following the most recent inspection on 20 February 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedule and training records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from February 2019
- reports of visits by the registered provider/monthly monitoring reports dated July, August and September 2019
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 20 February 2019

There were no areas for improvements made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

On arrival at the home we were welcomed by the senior care assistant in charge of the home as the manager was attending an RQIA road show.

All residents were observed to be in various locations of the home. Several sat within the lounge watching television while others remained in their bedrooms or moved freely around the home. All residents were neatly dressed with obvious care and attention given to their personal care needs. Residents told us that the visiting lay clergy had visited earlier with communion and prayers provided to those who choose to participate. Residents said they really looked forward to these daily visits.

There was evidence in the staff roster, from observations of practice and from discussions with staff and residents to verify that the home was staffed satisfactorily by suitably qualified, competent and experienced persons. Records were kept of staff members who were working each day, the capacity in which they worked and who was in charge. Records of staff recruitment and selection were held in the Trust's Human Resource Department. The senior care assistant confirmed that the selection and recruitment of staff was in accordance with legislative requirements. Access NI clearance checks were carried out prior a staff member commencing work in the home and all new staff were provided with an induction programme. Northern Ireland Social Care Council (NISCC) annual details of staff registration status were monitored by the manager.

The senior care assistant advised that staffing levels were appropriate in meeting the assessed needs of resident. Staffing levels were determined on the number of residents accommodated, dependency levels, layout of the home, statement of purpose and fire safety requirements.

The staff training schedule provided by the home evidenced additional training to ensure that staffs' knowledge and skills are kept up to date. Staff participate in mandatory training and other professional development training relevant to their roles and responsibilities.

The senior care assistant advised that the manager was waiting for update training dates for staff in Infection prevention and control and adult safeguarding. Two staff who met with us individually, confirmed that training opportunities were good and that they were planning to undertake the new e-learning introductory training in The Mental Health Capacity Act Northern Ireland (2016) – Deprivation of Liberty, in preparation for implementation by the trust in December 2019. One area identified for improvement related to the provision of update training in first aid for all care assistants. Senior care assistants had completed their three year first aid training as required.

Restrict practices was discussed with the senior care assistant who advised that the only practice which was restrictive related to the management of cigarette smoking where residents cigarettes are held and smoking supervised. This identified need was reflected within care plans reviewed. The senior care assistant was aware that this practice would fall under deprivation of liberty and would necessitate capacity assessment when the trust procedure is introduced.

Records of notifications of accidents and incidents forwarded to RQIA contained one accident which had been appropriately managed. Other minor falls were recorded within the home's records including action taken and reassessment of fall risk in order to minimise recurrence. All accidents/incidents are notified electronically by the manager to the trust senior management and governance officer for monitoring purposes. The manager also undertakes monthly audit of falls to identify any trends and patterns occurring. Monthly monitoring reports also reflected evidence of monitoring of accidents and incidents occurring.

There was evidence of a good supply of infection prevention and control resources including for example; disposable aprons, gloves, liquid soap and disposable hand towels and seven steps wash hand notices readily positioned within wash rooms. Staff were observed to wash their hands following practical care. Audits of wash hand cleanliness were undertaken on a regular basis spot check basis with records retained of action taken to address any identified shortfall in practice.

Inspection of the home was undertaken. All areas were clean, tidy, organised and fresh smelling. The senior care assistant advised that improvements made since the previous inspection included replacement of two wash hand basins and re-plastering of two walls. The senior care worker explained that the badly marked floor area within the smoking room had been referred to estates/maintenance for repair. Residents' bedrooms were of similar size, where differently decorated and personal memorability displayed. The small library was open and being used by residents.

The kitchen was clean, tidy, organised with all items of equipment reported to be in good working order.

All fire doors were closed and fire exits unobstructed. Fire blankets were provided within the residents' smoke room and kitchen. Weekly/monthly fire safety equipment checks were undertaken and recorded. Fire safety training and fire drill was provided.
As previously stated the floor area within the resident smoke room requires attention.

There was evidence of the servicing of equipment including mechanical hoists.

The senior care assistant explained that ongoing discussions with community groups was being held with regard to the possibility of changing one area of the building for community

based project. The senior care was advised that that no changes would take place without notification to RQIA in the first instance.

Five satisfaction questionnaires were completed and returned from residents/representatives. Responses from all four representatives were positive indicating satisfaction that care provided was safe." One comment included: "I feel satisfied in all areas of care provided."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to safe care including; staffing, training, supervision, effective communication and appraisal, infection prevention and control.

Areas for improvement

Two areas identified for improvement related firstly to refresher training in first aid for all care assistants and secondly the repair of the floor within the residents' smoke room.

	Regulations	Standards
Total numb of areas for improvement	1	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We were informed by staff that they receive hand over reports at the commencement of their shift which provided them with the opportunity to discuss current details of each resident's care and any changes to their care plan. Staff who were spoken with stated that if they had any concerns, they would raise these with the manager.

Staff meetings take place on a regular basis with minutes recorded which included dates, staff/residents in attendance and discussions held. When necessary action was taken to address issues arising. Resident meetings were held periodically with minutes retained.

A review of three residents' care records evidenced that these contained initial pen picture assessments, comprehensive needs assessments which were complemented with risk assessments, person centred care plans detailing actual and potential needs, progress notes and care reviews. Residents' preference, choices and level of independence was recorded. There was also evidence that staff engaged with members of the multi-professional team as needed. One area identified for improvement related to the inclusion of dental care needs within care plans.

Care plan audits are conducted on a regular basis with recorded action taken when shortfalls are identified.

The senior care assistant advised that regular contact with residents' families was a vital aspect of care delivery. Care records which were viewed reflected evidence of staff communication with relatives or families as needed. There was evidence of seeking residents/relatives views

on the effectiveness of care provided by way of general residents meetings, care management reviews with reports retained and through daily individual discussion with residents.

Systems were in place for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments with referrals made, if necessary to the appropriate service.

Staff advised that residents' weights were undertaken and recorded each month. Close monitoring of weights is undertaken and any evidence of weight loss or excessive weight gain is reported to the senior care assistant who would consult with the general practitioner.

The senior care assistant advised that the district nurse visits the home to attend to residents requiring nursing intervention, for example, wound management or insulin administration. Records of visits undertaken were retained alongside district nursing care plans.
Staff were observed encouraging residents to have fluids. Increased fluid intake was being encouraged for those residents at risk of urinary tract infection.

Residents were provided with a nutritious and varied diet in accordance with their individual identified dietary needs and preferences.

The senior care assistant advised that the anti-flu vaccination programme had commenced with some residents attending the GP surgery and others receiving the vaccination from the district nurse.

Five satisfaction questionnaires were completed and returned from residents/representatives. Responses from all four representatives were positive indicating satisfaction that care provided was effective. One comment included: "I feel confident that any difficulties identified are dealt with in an open fashion."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents and staff.

Areas for improvement

One area identified for improvement related to the inclusion of dental care needs/interventions within central care plans.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The home continues to retain a wide range of policies and procedures which were readily available to staff.

Throughout the inspection staff were observed interacting with residents in a professional, compassionate timely manner.

The home provides a wide range of therapeutic activities which are based on residents' choice and preference and of benefit to their overall health and wellbeing. Staff demonstrated good knowledge of residents' wishes, choice and likes/dislikes which were reflected within person centred care plans. Staff advised that the overall aim of providing activities was to ensure that the activity programme developed meets the needs of residents accommodated which is an important aspect of care as the lack of purposeful, meaningful and valuable activity may impact on health and wellbeing of residents. Activities were being provided in group and individual format as deemed necessary. The programme of activities included for example, physical activity in the form of passive exercise and short walks outside of the home, discussions, reminiscence, memory games, library use, word games, arts and crafts, music sessions, hair dressing and spiritual activity by way of regular clergy visits. Notices of arranged daily activities were displayed so that residents and their relatives know what is arranged.

It was encouraging to note that a relaxed calm atmosphere persisted throughout the day. Residents spoke openly with us and praised the staff and good manager on the excellent service provided.

Some individual resident comments included:

- "Great home, staff see to everything"
- "Best home, not my real home, but the next best thing"

Five satisfaction questionnaires were completed and returned from residents/representatives. Responses from all four representatives were positive indicating satisfaction that care provided was compassionate."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The senior care assistant was in charge of the home as the manager was attending RQIA open day. The manager and senior care assistant, when in charge, is supported in their roles at operational level by a team of mixed skill care and ancillary staff. An administrative assistant is also employed. Support is also provided at higher management level by the residential care homes' manager who provides regular meetings with managers to discuss governance matters and other trust business as necessary.

The home's registration certificate with RQIA was displayed in a prominent position.

Discussions with the senior care assistant in charges and staff evidenced that there was a clear organisational structure within the home. Staff spoken with were able to describe their role and responsibilities.

Staff meetings were being held on a regular basis with minutes recorded. Review of minutes dated 4 September 2019, 28 June 2019 and 24 April 2019 evidenced a record of staff in attendance and discussions held alongside actions agreed. Staff advised that annual appraisal was provided in accordance with trust policy/procedure. A review of accident and incident records confirmed that these were accurately maintained by the manager/senior staff.

The annual quality report for 2018/19 (March) was discussed with the senior care assistant who provided a copy for RQIA.

Review of complaints records retained evidenced that records were being recorded on reported concerns. Three complaints recorded related to televisions (3) and one to food. The senior care assistant explained that the issue with the televisions was being addressed and would be hopefully completed within the near future. Records showed that one complaint had been fully investigated with action taken to resolve the matter within the 28 day timescale. A record of the complainant's satisfaction with the outcome should be recorded. An improvement in this regard was made. Information from complaints investigation outcome was used to improve the quality of the service.

Staff demonstrated awareness on how to receive and deal initially with complaints. Information on how to make a complaint was displayed on the notice board.

The home had received a large number of cards and letters complementing the staff on the good care provided. This is to be commended.

The senior care assistant advised that ongoing working practices were systematically audited to ensure they are consistent with the home's documented policies and procedures. Audits included, for example, medication, staff supervision/appraisal, fire safety, care records, accident/incidents, environmental and finance reconciliation.

Reports of monthly monitoring visits made on behalf of the chief executive (responsible individual) were in place.

Five satisfaction questionnaires were completed and returned from residents/representatives. Responses from all four representatives were positive indicating satisfaction that care provided was well led. One comment made included disappointment that the television remains out of use. This recorded comment was discussed with the senior care assistant following the inspection. Arrangement are in place to have this addressed as soon as possible.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, audits, quality improvement and maintaining good working relationships.

Areas for improvement

One area identified for improvement related to ensuring complaints records reflect the complainant satisfaction when investigation is completed.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary McLoone, senior care assistant in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14(2) (d) & Standard 28.3 **Stated:** First time **To be completed by:** 31 December 2019	The registered person shall make suitable arrangements for the training of all care staff in first aid. A record of the training provided is to be retained including the contents of this training. Ref: 6.3
	Response by registered person detailing the actions taken: In addition to all senior staff having recently had update training in first aid, the Registered Manager, in conjunction with Head of Service, is arranging for all care staff to receive an update in first aid training.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 27.1 **Stated:** First time **To be completed by:** 31 December 2019	The registered person shall ensure that the damaged area of flooring within the identified residents' smoking room is made good. Ref: 6.3
	Response by registered person detailing the actions taken: A request to have this floor repaired/replaced has been submitted to the Estates Services Department by Registered Manager.
Area for improvement 2 **Ref**: Standard 6.2 **Stated:** First time **To be completed by:** 30 November 2019	The registered person shall ensure that staff includes identified dental care needs of residents within care plans. Ref: 6.4
	Response by registered person detailing the actions taken: Dental care needs have been incorporated within the generic care plan as opposed to the stand alone assessment curently in place.
Area for improvement 3 **Ref**: Standard 12.13 **Stated:** First time **To be completed by:** 30 November 2019	The registered person shall ensure that the rotational menu cycle of menus is increased from the current two weekly to the minimum three weekly menus. Ref: 6.5
	Response by registered person detailing the actions taken: The Registered Manager is liaising with catering managers to increase the current 2 weekly menu cycle to 3 weekly. This is curently being planned.
Area for improvement 4 **Ref**: Standard 17.10 **Stated:** First time	The registered person shall that a record is made within the complaints records when a complainant is satisfied with the outcome of investigation. Ref: 6.6

To be completed by: 09 October 2019	**Response by registered person detailing the actions taken:** The Registered Manager will ensure that within the recording of any future complaints a clear statement of the complainant's satisfaction will be noted and signed off.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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