



Unannounced Care Inspection Report 27 January 2021



William Street Care Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 residential care home registered to provide care for up to 27 residents.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Anne Kilgallen	Registered Manager and date registered: Moia Patricia Irvine - 1 April 2005
Person in charge at the time of inspection: Mary Rose McCarroll, senior care assistant until 14.00. Kieran Page, senior care assistant after 14.00	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 home on the day of this inspection: 18

4.0 Inspection summary

An unannounced inspection took place on 27 January 2021 from 10.35 to 16.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they felt safe in the home and that staff were kind to them.

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	3	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Kieran Page, senior care assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 18 residents and five staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the person in charge with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas
- two staff competency and capability assessments
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the Regulation 29 monitoring reports
- COVID-19 information file
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 previous inspections

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 November 2020. The quality improvement plan from this previous inspection was not reviewed at this inspection. This will be reviewed at a future inspection.

The most recent care inspection of the home was undertaken on 19 February 2020. The QIP from this inspection was reviewed and assessed as met during the pharmacy inspection on 25 November 2020.

6.2 Inspection findings

6.2.1 Staffing

During the inspection we could see that residents' needs were met promptly by the staff on duty. The person in charge explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated; the person in charge further stated that staffing levels would be adjusted when needed. Discussion with the residents and staff confirmed that they were satisfied with the staffing arrangements in the home. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

Staff were knowledgeable about the needs of the residents and were seen to speak to them kindly and with warmth. Staff told us that teamwork was good and that the manager was both supportive and approachable. The staff reported that they all work together for the benefit of the residents. Staff spoken with commented positively on their work in the home; some comments included:

- "I feel well supported in my role. The care provided here is great; the residents are all very happy. The staffing levels are safe."
- "This is a great home; there is great teamwork; we all work well as a team. There is first class care provided to the residents."
- "There is enough staff on duty. There is good communication across the team and all information is passed on."

We could see that the duty rota identified the person in charge of the home in the absence of the manager, the full names and grades of staff and the manager's hours were recorded. However it did not accurately reflect the staff on duty in the home; the hours worked by the senior care assistant on the sleepover shift was not recorded. In addition the manager was recorded as being on duty in the home; however she was not present during the inspection. This was identified as an area for improvement.

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC). Discussion with the manager following the inspection confirmed this is monitored and maintained on an up to date basis.

6.2.2 Infection prevention and control procedures (IPC)

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

One of the staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. We observed that staff used PPE according to the current guidance. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. 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.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed with attention to detail. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff.

The atmosphere in the home was calm, relaxed and friendly. We found that residents were chatty and engaged. Residents who were less well able to communicate were seen to be content in their surroundings. Residents spoke positively about life in the home, the staff and the food; they commented:

Some comments made by residents included:

- "I am very content and safe in here. The staff are all good to me."
- "This is a great place. The food is very good."
- "It's a great place; the staff are very good to me."
- "This place is brilliant, if everywhere else was as good. The staff are brilliant."

The staff told us that they recognised the importance of maintaining good communication with families during the current pandemic. The care staff assisted residents to make phone or video calls with their families in order to reassure relatives that their loved one was well. Visiting arrangements were in place on a planned basis.

We observed residents engaged in activities such as, reading, watching television or working on their laptops.

We observed the serving of lunch in the dining room. A menu was on display and there were two options of main course available. Residents were offered a selection of drinks and condiments were on the tables. The food on offer was well presented and smelled appetising. Staff provided residents with assistance and encouragement as necessary. The mealtime was relaxed and unhurried.

6.2.4 Care records

We reviewed three residents' care records. Care records contained assessments of needs, care plans and associated risk assessments. The records reviewed used language which was respectful of residents. However we noted a number of records which were not signed and dated by the person completing them. This was identified as an area for improvement.

When we reviewed the care records for two residents we identified that care plans were not updated following recommendations from the multi-disciplinary team. We also noted that risk assessments in relation to the management of residents who smoke required to be more detailed and person centred. Within a third care record we noted that there was no evidence of this record having been reviewed prior to their readmission to the home. These matters were identified as an area for improvement.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.5 Environment

We reviewed the environment and looked at a selection of bedrooms, bathrooms, lounges, the dining room, storage areas and the treatment room. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised and the home was tastefully decorated. Corridors and fire exits were clear of obstruction. Equipment was found to be maintained in a clean condition and stored appropriately in the home.

We observed a fire door which was propped open with a bin and a second fire door was not fully closing. This was identified as an area for improvement.

We also noted that the radiators within the corridor areas were very hot to touch. We discussed this during the inspection due to the potential risk of scalds/burns should a resident fall against this. This was identified as an area for improvement to ensure that a risk assessment is completed and subsequent action taken.

We identified a number of bedrooms which contained excess amounts of inappropriate storage. An area for improvement was identified for these bedrooms to be returned to the purpose for which they were registered.

6.2.6 Governance and management arrangements

There is a clear management structure within the home. Discussion with the person in charge confirmed that they were supported in their role by the manager. All staff and residents spoken with commented positively about the manager and described her as supportive and approachable. Comments included:

- “The manager is excellent; she is very approachable.”
- “The manager is very approachable, easy to talk to and flexible.”

A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC and hand hygiene. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

An inspection of accidents and incident reports was undertaken. Review of these records evidenced that not all notifiable incidents had been reported to RQIA. This issue was discussed with the manager to clarify those accidents and incidents which should be reported. This was identified as an area for improvement.

A visit by the registered provider’s representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of the visits completed in October 2020, November 2020 and December 2020 were reviewed. These reports were noted to have been completed in a robust and effective manner. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

Evidence of good practice was found in relation to maintaining residents’ dignity and privacy. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

Areas for improvement

Seven areas for improvement were identified in relation to the staff duty rota, care records, fire safety, the environment and the reporting of accidents and incidents.

	Regulations	Standards
Total number of areas for improvement	3	4

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. The environment was clean and tidy. Feedback from residents evidenced that they were very satisfied with the standard of care being provided.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kieran Page, senior care assistant, 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 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 16 (1) Stated: First time To be completed by: 27 February 2021	<p>The registered person shall ensure that:</p> <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. <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that all care plans, risk assessments and care records are signed and dated in a timely manner and are compliant with Regulation 16.</p>
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: With immediate effect	<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>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: All staff and residents have been reminded that fire doors must not be propped open. The fire door not closing properly was repaired immediately.</p>
Area for improvement 3 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: With immediate effect	<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>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Registered Manager will ensure that RQIA are informed of all notifiable events.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 10 February 2021</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>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Details of senior staff carrying out a sleep-in as part of their shift has been identified on the duty rota.</p> <p>If the Registered Manager is attending a meeting outside the Home, this will be detailed on the displayed rota.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all care records are signed and dated by the person completing them.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager and senior staff will ensure that all care records are signed and dated by the member of staff completing them.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 28.5</p> <p>Stated: First time</p> <p>To be completed by: 10 February 2021</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: 6.2.5</p> <p>Response by registered person detailing the actions taken: A previously completed Risk Assessment relating to hot temperatures of radiators around the Home has been updated. Registered Manager has completed a minor capital works request to fit covers over the radiators.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27.11</p> <p>Stated: First time</p> <p>To be completed by: 27 February 2021</p>	<p>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.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: All items that were being stored in unused bedrooms have been removed.</p>

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



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