

# Inspection Report

11 January 2023



## William Street Care Home

Type of service: Residential  
Address: 98 William Street, Londonderry BT48 9AD  
Tel no: 028 7126 4213

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust (WHSCT)	<b>Registered Manager:</b> Mrs Glenda Anthony  <b>Date registered:</b> 5 January 2023
<b>Responsible Individual:</b> Mr Neil Guckian	
<b>Person in charge at the time of inspection:</b> Mrs Glenda Anthony	<b>Number of registered places:</b> 27
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 20
<b>Brief description of the accommodation/how the service operates:</b> 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 outside spaces.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 January 2023, from 9.45am to 4.40pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents spoke positively about living in William Street and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff, are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team 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 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 residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were discussed with the manager at the conclusion of the inspection.

### 4.0 What people told us about the service

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included "The staff are great", "I have everything I need", "This place is Heaven", "I feel very safe here" and "Very friendly staff". There were no questionnaires received from residents or relatives.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "I really enjoy working here" and a further staff member said "This is a great place to work". There was no feedback from the staff online survey.

Comments received during the inspection were shared with the manager.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 11 January 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (c) (i)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager during and following the inspection evidenced that this area for improvement had been met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> Second time	The registered provider should ensure that two designated staff are involved in the writing and updating of medicine records.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered provider should review the management of distressed reactions as detailed in the report.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

<b>Area for Improvement 3</b> <b>Ref:</b> Standard 31 <b>Stated:</b> 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	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for Improvement 4</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered person shall ensure that the receipt and disposal of medicines records are fully and accurately maintained.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 28.5 <b>Stated:</b> Second time	The registered person shall ensure that risk assessments are completed in relation to hot surfaces and subsequent action is taken.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant records, observation of the environment and discussion with the manager during and following the inspection evidenced that this area for improvement had been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, infection prevention and control (IPC) and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of the training matrix identified that not all staff had completed/updated their mandatory training within the required timeframe. This was discussed with the manager who advised that the matrix had not been updated to fully reflect all of the dates that staff had completed their training and that further dates were being arranged for a number of mandatory training topics. Following the inspection the manager provided written confirmation that relevant action had been taken to address this with ongoing monitoring to ensure full compliance.

Appropriate checks had been made to ensure that care workers are registered with the Northern Ireland Social Care Council (NISCC).

Review of two staff recruitment files evidenced that not all relevant pre-employment information was available within the home. This was discussed with the manager who advised that these records are held by the human resource department. We discussed the importance of the manager having oversight of the recruitment process to ensure they are satisfied that appropriate safety checks have been completed and an area for improvement was identified.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the residents.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. The manager confirmed that staffing levels are regularly reviewed to ensure that the needs of the residents are met.

Observation of the delivery of care during the inspection evidenced that residents' needs were met by the levels and skill mix of staff on duty.

There was evidence that staff received regular supervisions and appraisals and a matrix system was in place to record staff names and when the supervision/appraisal had taken place.

Review of a sample of competency and capability assessments for the person in charge in the absence of the manager evidenced that these had been completed.

### **5.2.2 Care Delivery and Record Keeping**

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy in William Street. Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed.

Staff had made an effort to ensure residents were comfortably seated. Most residents were seated within the dining room, whilst others were seated within their bedroom. Discussion with staff and a number of residents evidenced that this was their personal choice.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which residents preferred a larger/smaller portion and demonstrated their knowledge of individual resident's likes and dislikes. Staff members were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Residents said they very much enjoyed the food provided in the home.

Staff confirmed that residents were being weighed on at least a monthly basis to monitor for weight loss or gain and that the Malnutrition Universal Screening Tool (MUST) had recently been implemented within the home. Review of a number of MUST assessments evidenced that these had not been completed accurately. This was discussed in detail with the manager who agreed to revert to the previous system of recording residents weights until relevant training has been provided.

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. These plans included any advice or recommendations made by other healthcare professionals.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. A number of discrepancies were identified and discussed in detail with the manager who agreed to have these amended. Following the inspection written confirmation was received from the manager that relevant action had been taken to address this.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Review of the most recent fire risk assessment completed on 10 May 2022 evidenced that any actions required had been signed and dated by management as completed.

The inspector observed a kitchen sink and fridge within the activity lounge that required cleaning and a number of food items that were no longer in date within the fridge. This was brought to the attention of the manager who advised that the items of food belonged to staff and immediately had these removed from the fridge and both areas cleaned prior to the completion of the inspection. The manager further agreed to communicate with relevant staff and to monitor going forward. Following the inspection the manager provided written confirmation of the action taken to ensure sustained compliance.

An outdoor patio area was observed to be cluttered with debris and over grown foliage. This was discussed with the manager who agreed to have this area tidied. Following the inspection written confirmation was received from the manager that relevant action had been taken to address this.



A number of maintenance issues were identified during the inspection that required repair. This was discussed with the manager to address. Following the inspection the manager provided both verbal and written confirmation that relevant action had been taken to these issues. The manager also confirmed that refurbishment was ongoing to ensure the home is well maintained.

Exposed pipes and radiators that were very hot to touch were observed within a number of communal toilets/bathrooms. This was discussed with the manager who agreed to review this to reduce any potential risk of scalding to residents. Following the inspection written confirmation was received from the manager that relevant action had been taken to address this.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept. The manager also said that any issues observed regarding IPC measures or the use of PPE was immediately addressed.

#### **5.2.4 Quality of Life for Residents**

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 confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

During the inspection residents were observed engaged in their own activities such as; watching TV, resting or chatting to staff. One resident commented: "I really enjoy the company of other residents" and a further resident said: "Excellent people here".

Residents commented positively about the food provided within the home with comments such as: "Lovely food", "(The) food is the best", "Plenty of choice" and "The food is always very nice".

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

#### **5.2.5 Management and Governance Arrangements**

There has been a change to management arrangements for the home since the last inspection with Mrs Glenda Anthony now the manager. The manager said they felt well supported by senior management and the organisation.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. However, review of the records of accidents and incidents which had occurred in the home found that four notifiable events had not been submitted to RQIA. The inspector requested that these be submitted retrospectively and an area for improvement was identified.

There was evidence that audits had been completed to review the quality of care and other services within the home. Most audits contained an action plan where deficits had been identified; however, this had not been completed for environmental audits. Details were discussed with the manager who agreed to review this and to monitor going forward to ensure the necessary improvements had been made.



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 and 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 the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	5*

\* The total number of areas for improvement includes four standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Glenda Anthony, 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 30  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30.  Ref: 5.2.5  <b>Response by registered person detailing the actions taken:</b> The Manager will ensure RQIA are notified of any events in accordance with Regulation 30 via the 1A form. All senior staff are also aware.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> Second time	The registered provider should ensure that two designated staff are involved in the writing and updating of medicine records.  Ref: 5.1

<p><b>To be completed by:</b> Immediately and ongoing (25 November 2020)</p>	<p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 April 2017</p>	<p>The registered provider should review the management of distressed reactions as detailed in the report.</p> <p>Ref: 5.1</p> <p><b>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.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing (25 November 2020)</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><b>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.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing (25 November 2020)</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><b>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.</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> In conjunction with Head of Service, the current staff induction form will be amended to ensure it includes areas which will reflect the Manager having oversight of the recruitment process including pre-employment checks.</p>

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





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