



# Unannounced Care Inspection Report 19 February 2020



## 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**

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust  <b>Responsible Individual:</b> Anne Kilgallen	<b>Registered Manager and date registered:</b> Moia Patricia Irvine 1 April 2005
<b>Person in charge at the time of inspection:</b> Moia Patricia Irvine	<b>Number of registered places:</b> Total number 27 comprising: 27 – RC - I
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category	<b>Total number of residents in the residential care home on the day of this inspection:</b> 14

### 4.0 Inspection summary

An unannounced inspection took place on 19 February 2020 from 11.00 hours to 14.30 hours.

This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and 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 the culture of the home where residents are with dignity and respect. There was evidence that residents were fully involved in decisions affecting their treatment, care and support. There was also good practice in relation to staffing, training, infection prevention and control, risk management and the home's environment.

One area identified for improvement related to ensuring that a current adult safeguarding operational guidelines for adult safeguarding is retained within the home.

Residents described living in the home as being a good experience. 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 residents and staff during 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
<b>Total number of areas for improvement</b>	0	1

## 4.2 Action/enforcement taken following the most recent inspection dated 8 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 8 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home.

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. Five completed resident satisfaction questionnaires were returned to RQIA following the inspection.

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

- staff duty rotas from 11 February 2020 to 19 February 2020
- staff training schedule and training records
- two residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from October 2019 to 19 February 2020
- reports of visits by the registered provider/monthly monitoring reports dated December 2019 and January 2020
- RQIA registration certificate
- Safeguarding policy and procedure

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

Areas for improvement from the last care inspection		
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 14(2) (d) & Standard 28.3  <b>Stated:</b> First time	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	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Discussion with the manager and review of training records evidenced that this training had been provided. A record of the content of the first aid training provided was retained.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time	The registered person shall ensure that the damaged area of flooring within the identified residents' smoking room is made good.  Ref: 6.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the flooring within this room evidenced that repair work to the damaged floor had been completed.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	The registered person shall ensure that the identified dental care needs of residents are included within care plans.  Ref: 6.4	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of three care plan evidenced that this care was reflected with the care plan.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 12.13 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the rotational menu cycle is increased from the current two weekly to the minimum three weekly menus.  Ref: 6.5</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Three weekly menus were in place.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 17.10 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that a record is made within the complaints records when a complainant is satisfied or otherwise with the outcome of investigation.  Ref: 6.6</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The complainant's satisfaction of the outcome of investigation was recorded.</p>	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

On arrival at the home we met with the manager and undertook an inspection of the home when we were provided with the opportunity to speak with residents and staff.

All residents were observed to be up washed and dressed with personal care needs attended. Several residents sat within the lounge watching television while others choose to remain within their bedrooms reading or visiting each other's rooms. Many residents moved freely around the home with the aid of walking frames. Residents told us they had breakfast earlier in the morning and would soon have their mid-morning tea.

Staff advised that they always promoted residents independence by encouraging them to wash and dress themselves and when necessary providing support and guidance in accordance with their person centred care plans. The manager explained the number and grades of care staff on duty and how the balance of senior care staff and care assistants were determined in accordance with the number and dependency levels of residents, layout of the home and fire safety. Review of the staff duty roster evidenced shifts worked by management, senior care staff, care assistants, and ancillary staff. Duty rotas accurately reflected the staffing levels as discussed with the manager.

The manager explained that staffing levels were kept under review to ensure these were safe and meeting the needs of residents.

The record of care staff registrations with Northern Ireland Social Care Council (NISCC) was reviewed with the manager who explained that regular checks were undertaken. However, there were two gaps noted in dates of the matrix registration record. The manager explained that these are checked via NISCC web site but not been uploaded into the electronic matrix on this occasion. Following the inspection RQIA received correspondence from the manager that this record had been updated and that all staff was registered.

We could see throughout the inspection that staff were available to attend to residents' calls for assistance. Residents who spoke with us confirmed there was always staff about to see to them when needed.

The manager and senior care assistant advised that no restrictive practice was in use in the home.

The manager explained that the home's policy / operational procedures for Adult Safeguarding was dated 2014 with recorded review date 2015. Review of this document was discussed with the manager who confirmed this was the current document in use throughout the trust. One improvement was made in this regard as policies and procedures retained should be subject to systematic three yearly reviews in accordance with Residential Care Homes Minimum Standards 21.5.

Staff training in Adult Safeguarding was provided on 20 November 2019. The manager explained that this training was in keeping current DOH policy and trust operational procedures. Staff demonstrated understanding and knowledge of adult safeguarding should an issue arise and the procedure to follow, in accordance with their role and responsibilities.

All areas within the home were clean, tidy, organised, fresh smelling and comfortably heated.

Furnishing throughout the home was appropriate and in good state of repair. Residents' bedrooms were personalised with items such as photographs, art work, ornaments and television.

All wash rooms were exceptionally clean and tidy with resources available for the prevention of infection (IPC) available, for example, seven step pictorial hand washing notices, pedal operated waste bin, liquid hand soap and disposable hand towels, gloves and aprons. Staff training in IPC was provided and recorded within training records retained. Staff confirmed there was always a plentiful supply of IPC items available to them.

All fire doors were closed and exits unobstructed. Fire safety training was being provided twice annually. A current fire risk assessment, dated 30 December 2019, was in place. Recommendations for improvement had been addressed, dated and signed.

Five satisfaction questionnaires were completed by residents and returned to RQIA within the timescale. All respondents indicated they were very satisfied that the care provided was safe.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, infection prevention and control and the home's environment.

### Areas for improvement

One area identified for improvement was made in regard to the provision of a current Adult Safeguarding policy and procedure.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.4 Is care effective?

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

Care records were observed to be safely and securely stored. Two care records reviewed were individualised with records pertaining to needs assessments, which were complemented with risk assessments, for example, falls, nutritional, bed rail and moving and handling. Holistic care plans were in place with actual and potential needs reflected. Risks identified included measures in place to minimise the risk. Assessments and care plans were signed and dated by residents and staff member. Daily progress notes were recorded, signed and dated. Care records reviewed contained evidence of regular audit with outcomes highlighted and action taken to address improvements.

We spoke with residents and two visitors regarding the provision of care. All those spoken with confirmed they received the right care at the right time. For example, one group of residents agreed that they knew staff would see to them, provide good care and that staff always came when they were wanted.

Staff demonstrated good knowledge and understanding of residents care needs and planned interventions for example, what care was necessary to minimise the risk of falls, how to meet the needs of residents who require assistance with mobilising, and provision of first aid should a resident fall.

Staff who spoke to us confirmed that they received good training during their induction to ensure the correct care was given. We reviewed mandatory training records which evidenced that training was ongoing with regular updates planned. Other training such as Mental Health capacity – Deprivation of Liberty Safeguards (DoLS) Level 2 was being provided for care staff with Level 3 for senior care and management. The manager explained that several trust

meetings had taken place in this regard. The manager confirmed there was no restrictive practice within the home.

Staff told us there was effective team work; staff demonstrated good understanding of their role and responsibilities. Staff explained how each morning they received a hand over from night staff when they were informed of any changes to a resident’s care plan. Staff also explained if they had any concerns about a resident’s care or colleague’s practice they would raise this with the manager or her deputy.

Care records reviewed evidenced multi-professional interventions in the provision of care, for example, district nurse, social worker, general practitioner, dietician, speech and language therapist, optician and dentist.

Five satisfaction questionnaires were completed by residents and returned to RQIA within the timescale. All respondents indicated they were very satisfied that the care provided was effective.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, training, and communication.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**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 manager and staff explained that the home promoted a culture and ethos that supported the values of dignity and respect.

The atmosphere throughout the home was calm, encouraging and good humoured. Residents spoke openly with us and gave positive feedback on the caring support and encouragement that staff provided. There was no evidence of residents wandering aimless around the home. Respectful practice observed included staff knocking on bedroom doors before entering, seeking consent to provide care and their friendly interpersonal communication with residents.

Resident/relative information displayed on notice boards at various areas within the home was presented in pictorial and written format, for example, menus for the week, hand washing, and how to complain.

A wide range of activities was reflected within the weekly schedule, for example, bingo, arts and crafts, hairdressing, passive exercises, church services, and shopping trips for residents who were able to go. Review of records and discussion with residents evidenced that

residents' spiritual needs were being met. Special occasions including residents' birthdays were celebrated.

We could clearly see that residents' interests, wishes and preferences were reflected within care records, for example, preferred activities, getting up and retiring to bed, food and daily routines.

Review of residents meetings evidenced discussions about how to raise issues if unsatisfied with anything, preference and planned activities, prevention of falls and good oral hygiene. Action was taken by staff to manage any reported pain or discomfort in a timely and appropriate manner. Residents told us that staff were very good in this regard and would respond immediately.

We discreetly observed the serving of resident's meals at lunch time. Tables were set with condiments, napkins and drinks provided. Meals were nicely presented with adequate portions of food served. Special diets were served as prescribed. Residents confirmed they were served their choice of meal and were satisfied with the food provided. One resident told us "you wouldn't get better in a five star hotel" Residents were respectfully assisted and supervised by staff throughout the meal. A pleasant atmosphere prevailed with residents quietly conversing with each other and staff. Records of daily meals served were retained.

Comments made by staff, residents and visitors during the inspection included:

- "I give ten out of ten here for the care provided." (resident)
- "Staff are always enquiring if there is anything they can do for us." (resident)
- "Would not want to move from here." (resident)
- "Good team work results in effective care being provided." (staff)
- "Good range of training, supervision, meetings and support from senior care staff and the manager ensures we provide good care." (staff)
- "Very pleased and impressed with the staff and the care they provide." (relative)

The home retained a wide range of complementary letters and cards from families and residents. Some comments recorded:

- "Completely overwhelmed and amazed at the thoughtfulness of staff."
- "Thank you for my sisters 80<sup>th</sup> birthday."
- "Very lucky to have William Street as a place of safety and love when my ----- was at ---- most vulnerable time."
- "My ----- revelled in the lovely atmosphere created by all the staff."
- "Kindness towards ---- was always unstinting."

Five satisfaction questionnaires were completed by residents and returned to RQIA within the timescale. All respondents indicated they were very satisfied that the 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 residents and their representatives, and taking account of the views of residents.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is the service well led?

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

There has been no change in the management arrangements within the home since the previous care inspection undertaken on 8 October 2019.

Residents told us they knew who the manager was and referred to her by name. They said the manager was always around seeing if they were comfortable and making sure everything was ok.

Care staff confirmed that the manager was very approachable and supportive with staff meetings, supervision, provision of training and generally being available with an “open door” to everyone.

Monthly monitoring visits were undertaken as required with reports available to residents, relatives and trust staff. Review of reports dated January 2020 and February 2020 reflected information as required.

Accident and incident records reviewed evidenced these were appropriately recorded.

The manager advised that the annual quality report of the service for 2019 was a work in progress. This report will be reviewed at the next care inspection to the home.

Review of complaints records evidenced that one complaint received since the previous inspection to the home was appropriately managed, recorded and resolved.

Five satisfaction questionnaires were completed by residents and returned to RQIA within the timescale. All respondents indicated they were very satisfied that the care provided was well managed.

## Areas of good practice

There were examples of good practice found in relation to governance arrangements, staff support, communication, and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas identified for improvement during this inspection are detailed in the QIP. Details of the QIP were discussed with Moia Irvine, registered manager, 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 ensuring compliance with the DHSSPS Residential Care Homes Minimum Standards August 2011.

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard : 21.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 May 2020.</p>	<p>The registered person shall ensure that the home retains current Operational Guidelines for Adult Safeguarding.</p> <p>This improvement was made in regard to the Operational Guidelines for Adult Safeguarding which was dated 2014</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has highlighted the need for this Trust document to be reviewed and updated. The Home is currently working within the regional guidelines and Adult Gateway Team's operational guidelines.</p>

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



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