

Inspection Report

Name of Service: William Street Care Home
Provider: Western Health and Social Care Trust
Date of Inspection: 3 March 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Western Health and Social Care Trust (WHSCT)
Responsible Individual:	Mr Neil Guckian
Registered Manager:	Mrs Glenda Anthony
Service Profile	
This home is a registered residential care home which provides health and social care for up to 20 residents who are living with a physical disability and frail elderly needs over 65 years of age. Accommodation is provided on ground floor level and all residents are accommodated in single bedrooms. Residents have access to communal areas and a secure outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 3 March 2025 from 9.15am to 2.50pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be clean, well maintained and no malodours were identified. Bedrooms were personalised to reflect the residents' interests.

Residents stated that they were well looked after in the home and advised that the staff were kind to them. Refer to Section 3.2 for more details.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents commented positively about their life in the home. Comments included: "the staff are kind and caring, I am happy enough in here" and "this place is brilliant; I am very happy in here. I feel so safe. All I have to do is push the buzzer and the staff are here. The staff are all fantastic including the manager."

Discussions with residents confirmed that there was enough staff readily available and if they wanted anything all they had to do was ask. Residents also spoke positively about the meal provision in the home.

Staff reported that the care provision in the home was of a high standard and this home was a good place to work. Staff advised that they were supported in their roles and that the manager was very approachable. Staff further stated that there was good teamwork and they all supported each other. Comments included: "This is a very homely home with a good staff team who all get on well."

Review of a compliment card displayed stated: "Thank you hugely for being so kind and caring."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. While there was evidence of systems being in place to manage staffing; it was noted that the Enhanced AccessNI was not consistently completed for all staff who commenced employment in the home. This was identified as an area for improvement.

Residents said that there were always staff readily available to assist them, if required and call bells were answered promptly. Staff reported that there was good team work and morale was good. Staff stated that they felt supported in their roles knew what they were required to do each day and understood the needs of the residents. Staff confirmed that there was adequate staffing levels in place within the home.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routines, wishes and preferences. Staff interactions with residents' were observed to be pleasant, compassionate and supportive and the atmosphere was relaxed and friendly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and residents interactions during the day were found to be reassuring and compassionate.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a quiet and confidential manner, and by offering personal care to residents discreetly. Staff offered choices to residents throughout the day on how they wanted to spend their time or where they wished to relax.

Discussion with residents confirmed that they could choose what time they could get up in the morning or retire to bed at night. Expressions of consent were observed during interactions with staff and residents.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was relaxed and an opportunity for residents to socialise with each other. The atmosphere was calm and unhurried. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities. For those residents who preferred not to participate in the planned activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were detailed, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Review of residents' care records identified that care plans in relation to the management of smoking, required to be more person centred and specific. This was discussed with the manager and email confirmation was provided that this was addressed following the inspection.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, warm and comfortable for residents. Bedrooms were organised and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

It was observed during the inspection that a small number of windows did not have restrictors in place. This was discussed with the manager and email confirmation was provided that this was addressed following the inspection.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Glenda Anthony is the registered manager of this home.

Staff commented positively about the manager and referred to them as always accessible, supportive and fair to them.

Records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Glenda Anthony, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: 4 March 2024</p>	<p>The Registered Person shall ensure that an Enhanced AccessNI check is completed for all staff, prior to commencement in the home.</p> <p>Ref: 3.2.1</p> <p>Response by registered person detailing the actions taken: This issue is relating to a staff member who had been recruited to a position in William street and had been working for the trust in another service area. An Enhanced AccessNI check had been completed on initial recruitment to the trust. it was noted during your inspection that an access NI check had not been completed during recruitment to William street RHOP. The need for a further Enhanced Access NI check to be carried out on commencing their position in william street has been reviewed with the recruitment process.I have been in contact, discussed and checked with recruitment regarding the need for</p>

	<p>Enhanced Access NI checks to be completed for all staff including staff who already work for the trust and have had a previous check. They have responded to say:</p> <p>"The Internal Access NI process has been Regionally agreed by all the Trust. Internal Candidates who are moving posts within a trust and are already working within a regulated activity are not required to have an Access NI check".</p> <p>I have escalated the issue to the Assistant Director, who is taking the matter forward for discussion .</p>
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