The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **William Street Care Home**

Provider: **Western Health and Social Care Trust**

Date of Inspection: **25 February 2026**

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 frail elderly needs over 65 years of age. Furthermore the home can accommodate up to five residents with a physical disability under 65 years old.

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 25 February 2026, from 10am to 3.40pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 3 March 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

The home was found to be warm and welcoming and the environment was well maintained.

Residents said that living in the home was a good experience and praised the meal provision.

As a result of this inspection the previous area for improvement was assessed as having been addressed by the provider. This inspection resulted in no new areas for improvement being identified and the full details can be found in the main body of this report.

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 the previous areas for improvement issued, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 spoke positively about their experience of life in the home. Comments included: "I am happy here, it is a good place, the staff are kind and respectful. If I want anything, I just ask." "It has been great in here, the staff are so good and kind; they have time for you." "I love it in here, I am very happy, the staff couldn't do enough for you." "I am well looked after and feel very safe in here."

One relative spoken with reported that the care provided was good and that the staff were friendly and welcoming.

Discussions with residents confirmed that there was enough staff on duty and staff were readily available to assist them, if required.

Staff spoke positively in terms of the provision of care and advised that there was good care provided in this home. Staff told us that the manager was supportive and available for advice and guidance.

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. There was evidence of robust systems in place to manage staffing.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to return to bed after breakfast.

3.3.2 Quality of Life and Care Delivery

Residents looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the residents at all times.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences. Observations of the staff and residents interactions during the day found staff to be kind and compassionate.

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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.

Observation of the serving of the lunchtime meal confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious. The atmosphere was calm and organised. There was a variety of drinks available. It was observed that residents were enjoying their meal. Meals were appropriately covered on transfer to residents' preferred dining area.

The importance of engaging with residents was understood by the manager and staff. There was a range of activities provided for residents by staff. This included a range of activities such as social, community, cultural, religious, spiritual and creative events.

Staff were observed sitting with residents and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities such as knitting. Residents commented that there was always something to do.

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.

Care records were person centred, 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.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained and the residents further reiterated this. Residents' bedrooms were personalised with items important to the resident.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Call bells were answered promptly.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and 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 the home.

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager 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 in the home.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Glenda Anthony, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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