



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
William Street**

**11 June 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 11 June 2015 from 10 00 to 3 30. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. No areas for improvement were identified at this inspection. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Western Health and Social Care Trust Elaine Way	<b>Registered Manager:</b> Moia Patricia Irvine
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Irvine	<b>Date Manager Registered:</b> 1/4/2007
<b>Categories of Care:</b> RC-I	<b>Number of Registered Places:</b> 27
<b>Number of Residents Accommodated on Day of Inspection:</b> 13 plus 2 residents who were in hospital	<b>Weekly Tariff at Time of Inspection:</b> £470

## 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following: notification reports and the previous inspection report.

During the inspection we met with 12 residents, 3 care staff, and 1 domestic staff. There were no visiting professionals and no resident's visitors/representative in the home on the day.

The following records were inspected during the inspection:

- Policy on death and dying
- Policy on the management of continence
- Complaints
- Accidents/incidents
- Care files (5)

## 5. The inspection

### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection dated August 2014. No requirements or recommendations were made as a result of the previous care inspection.

## 5.2 Standard 14: The death of a resident is respectfully handled as they would wish

### Is care safe? (Quality of Life)

Residents are able to spend their final days in the home unless there are documented assessed healthcare needs which prevent this. We were informed that one resident had died in the last year. Our inspection of care files showed that each included a medical care plan, completed by the GP, for end of life care. The care plan recorded end of life wishes of the resident and the preferred place to receive care if terminally ill. Staff who spoke with us demonstrated knowledge of the importance of hydration and pain control for residents who are very ill. Staff advised us that they were aware of when to contact a GP and/or district nurse and of the importance of keeping families updated on the resident's condition.

### Is care effective? (Quality of Management)

We inspected the home's policy on death and dying. The policy was robust and gave clear instructions to staff in the event of a resident's death. Training for staff on care of the dying resident had been provided by Macmillan nurses. The induction for staff includes an element on how to care for a very ill resident. Residents who become ill have their needs assessment reviewed and updated to reflect any change in their condition. We were advised that after the most recent death the resident's room was locked and untouched until family came to remove the deceased resident's belongings.

### Is care compassionate? (Quality of Care)

When a death of a resident occurs the other residents are informed sensitively and individually. Representatives from management and staff attend the funeral. Residents also, if they wish, attend the funeral. The wake of the resident who most recently died was held in the home. Relatives were encouraged to remain with the dying resident and the home provided them with meals and refreshments. Staff we spoke with described their role in caring for dying or very ill residents. Staff described how time was spent "just sitting" at the bedside when family were unable to be there.

The manager of the home is a trained bereavement counsellor and utilises her specific skills with grieving family members and other residents where required.

### Areas for Improvement

There were no areas of improvement identified for this standard. The home's care in relation to standard 14 - death and dying was assessed to be safe, effective and compassionate.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.3 Theme: residents receive individual continence management and support

### Is care safe? (Quality of Life)

The home had a policy on the management of continence. The policy was comprehensive and provided staff with guidance on how to recognise the possible reasons for incontinence and of what steps needed to be taken. A review of residents' care files found that an individual assessment and plan of care was in place in relation to continence. Staff confirmed that there

was unrestricted availability of continence products and of protective gloves, aprons and hand sanitisers. The care files we examined contained a comprehensive pre admission assessment of need which included any need in relation to continence. The manager informed us that the Trust have a continence advisory service which provides guidance to staff.

### **Is care effective? (Quality of Management)**

Staff have training on infection control which includes an element in relation to the management of continence. Continence products are prescribed by the district nurse and then re ordered by the home on a three monthly basis. The records of care management reviews included reference to the ongoing management of any continence issues. The manager undertakes monthly hand hygiene audit and the results are on display in the home. The manager along with a domestic supervisor undertake regular environmental audits as part of the home's governance arrangements. Continence products are disposed of in line with infection control guidelines.

### **Is care compassionate? (Quality of Care)**

The practice we observed showed that residents were treated with care, dignity and respect. Continence care was undertaken in a discreet, private manner. Staff we interviewed recognised the loss of dignity associated with incontinence. They gave examples of how to ensure, as far as possible, the resident's dignity and independence are maintained when assisting with individual continence needs. There was a good standard of continence management in the home which was person centred, was underpinned by informed values and delivered with compassion. The level of governance in relation to infection control measures is commendable.

### **Areas for improvement**

There were no areas of improvement identified for this theme. The home's care in relation to the management of continence was assessed to be safe, effective and compassionate.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Additional Areas Examined**

### **5.4.1 Residents Views**

We spoke with residents who all expressed or indicated that they were happy with their life in the home. Two residents raised concerns in regard to their uncertain future in the home. There is currently a consultation period in order to plan for the long term prospects for residential care provision in William Street. A selection of comments made by residents is as follows:

"I'm 90 years old and I wouldn't be still alive if it wasn't for the way they (staff) care for me"

"I heard great things about this place years ago and then I came here and found that they were all true"

"They (staff) make you feel that everyone is important"

"Why would anyone want to close this place?"

"The manager is an angel"

#### **5.4.2 Environment**

We inspected the internal environment including communal areas and residents' bedrooms. These were personalised to suit the preference of the occupants. There was a high standard of cleanliness throughout the home. There were no hazards nor mal odours noted.

#### **5.4.3 Complaints**

We examined the complaints record and found that any expression of dissatisfaction is taken seriously and dealt with appropriately.

#### **5.4.4 Accidents**

Records showed that accidents/incidents are managed and reported appropriately.

#### **5.4.5 Staffing Levels**

The following staff were on duty:

Manager x 1

Senior care assistant x 1

Care assistant x 2

Catering x 2

Domestic x 2

Administration x 1

This is considered satisfactory to meet the needs of the persons accommodated.

#### **5.4.6 Staff Views**

We met with staff of various grades. All spoke positively about their roles and duties, staff morale, teamwork and managerial support. Staff stated that they feel a good standard of care is provided and spoke affectionately of residents who had died. A selection of comments made is as follows;

"I wanted to be a carer here and so I did the necessary qualification to make sure I met the criteria"

"I've worked in other places but nowhere is the care better than here"

"Everyone has the same goal – just to make the residents' lives as good as possible"

#### **5.4.7 Fire Safety**

The current fire risk assessment undertaken of the home was dated February 2015. Fire training was provided for 4 staff on 19 March 2015 and for 12 staff on 28 April 2015. Fire alarms are checked each week from a different zone and the outcome is recorded.

There were no requirements or recommendation identified as a result of these additional matters.

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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Moia Irvine	Date Completed	9.7.2015
Registered Person	<i>Eileen Hy</i>	Date Approved	14.7.2015
RQIA Inspector Assessing Response	<i>Donna</i>	Date Approved	20/7/15

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.