



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: William Street (1223)
Date of Inspection: 27 August 2014
Inspector's Name: Ruth Greer
Inspection No: 17756

The Regulation And Quality Improvement Authority
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1.0 General information

Name of Home:	William Street Care Home
Address:	98 William Street Londonderry BT48 9AD
Telephone Number:	028 71264213
E mail Address:	moia.irvine@westerntrust.hscni.net
Registered Organisation/ Registered Provider:	Western HSC Trust Ms Elaine Way CBE
Registered Manager:	Ms Moia Patricia Irvine
Person in Charge of the home at the time of Inspection:	Ms Moia Patricia Irvine
Categories of Care:	RC-I
Number of Registered Places:	27
Number of Residents Accommodated on Day of Inspection:	17
Scale of Charges (per week):	Trust rates
Date and type of previous inspection:	28 January 2014 Primary announced inspection
Date and time of inspection:	27 August 2014 10:00 to 3:30
Name of Inspector:	Ruth Greer

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	12
Staff	4
Relatives	0
Visiting Professionals	1

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	22	6

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

William Street Residential Care home is situated in a built up residential and commercial area in the city of Londonderry close to all facilities as provided by a large city.

The residential home is owned and operated by the Western Health and Social Care Trust. The current registered manager is Mrs Moia Irvine

Accommodation for residents is provided single rooms on one storey only.

Communal lounge and dining areas are provided in various positions around the home.

The home also provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home. A hairdressing room is provided. There are several small courtyards with access from different points within the home.

The home is registered to provide care for a maximum of 27 persons under the following categories of care:

Residential care

I Old age not falling into any other category

8.0 Summary of Inspection

This primary announced care inspection of William Street was undertaken by Ruth Greer on 27 August 2014 between the hours of 10:00 and 3:30. Mrs Irvine was available during the inspection and for verbal feedback at the conclusion of the inspection.

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

Prior to the inspection, Mrs Irvine completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Irvine in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, one visiting professional discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used in the home and would only ever be considered as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that William Street was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home facilitates a volunteer to visit the home on a weekly basis to provide activities. An activity coordinator for a number of hours each week. In the absence of the volunteer activities are provided by designated care staff. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that William Street is compliant with this standard.

Resident, representatives, staff and visiting professional's consultation

During the course of the inspection the inspector met with residents, staff and one visiting professional. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, staff and one visiting professional are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and no recommendations were made as a result of the primary announced inspection.

The inspector would like to thank the residents, a visiting professional, registered manager, and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 28 January 2014

No requirements or recommendations resulted from the primary announced inspection of William Street Care Home undertaken on 28 January 2014.

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
The usual behaviours, conduct and communication needs of each resident should form an integral part of their care plan. This will ensure that staff respond in a positive way to promote positive outcomes for residents.	Compliant
Inspection Findings:	
<p>The home had policies on Responding to Challenging Behaviour (dated November 2013) and Restraint Policy (dated November 2013) in place. A review of the policies and procedure identified that they reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policies and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions, with residents, identified that informed values and a good knowledge of individual residents enabled staff to respond to any care needs and /or requests for assistance.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Interventions with Adult Service Users on 26 April 2012 which included a human rights approach.</p> <p>A review of five residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	Compliant

Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment	
If a resident presents with behaviours that are uncharacteristic and concerning, staff will seek to understand any reasons for this behaviour, report to senior staff who will monitor the situation and consult with the resident themselves, their representative and other professional intervention who may be of benefit to the individual resident.	Compliant
Inspection Findings:	
<p>The policy and procedure on Challenging Behaviours included the following:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, the trust, relatives and RQIA. • Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Five care records were reviewed and identified that they contained the relevant information regarding any incident where identified uncharacteristic behaviour is noted for any resident.</p>	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Good communication between staff, residents and their representatives and any other professionals involved with a resident is vital to ensure continuity of care and a consistent approach.</p>	Compliant
Inspection Findings:	
<p>A review of five care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Staff would only undertake a specific behaviour management programme on advice and under the direction of trained professionals. This would be incorporated into the resident’s care plan and communicated to all relevant staff.</p>	Compliant
Inspection Findings:	
<p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Compliant

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If a specific behaviour management programme is in place for an individual resident, staff are given appropriate training and support to implement such a plan. This is monitored and reviewed by senior staff in the home with input from appropriate professionals as required.</p>	Compliant
<p>Inspection Findings:</p>	
<p>There are no residents in the home who require a behaviour management programme. However there was evidence that the home and Trust are committed to programmes of continual training for staff in the areas relevant to the client group and in response to staff personal development plans.</p>	Compliant
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If an incident was managed outside a resident's agreed care plan, this would be recorded and reported to all relevant professionals. As a matter of good practice there would be a review of the resident's care plan and risk assessment in conjunction with the multi-disciplinary team.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the accident and incident records from the date of the previous inspection to present and discussions with staff identified that where incidents had occurred outside of the scope of a resident's care plan that residents' representatives, Trust personnel and RQIA had been appropriately notified.</p>	Compliant

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Staff in William Street would adhere to the Trust's restraint policy to guide such practices. Restraint is not being used in the care of any resident currently in William Street.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was not used in the home and would only use as a last resort if there was an imminent and dangerous risk to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose. The home does not have a locked door policy and residents/families are free to come and go from the home as they would do in a domestic residence.</p>	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
There is a flexible programme of activities within William Street that take account of the current group of residents' identified needs in their activity assessments and their expressed interests.	Compliant
Inspection Findings:	
<p>The home had a policy on the provision of activities. A review of five care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. A separate template has been devised and implemented for this purpose.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme of activities endeavours to incorporate all of the above criterion and is very keen to involve local community groups who can provide our residents with appropriate activities and events to attend.	Compliant

Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised several times each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p> <p>The programme showed that a monthly trip is organised with transport provided by the Trust.</p>	Compliant
<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>All residents, including those residents who do not wish to join in with group activities, are given the opportunity to contribute to suggestions regarding the programme of activities. This is carried out through personal activity assessments and is always discussed at resident meetings and resident personal review meeting for a more individual focus on suitable activities.</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities provided and discussions with residents, including two residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents were also invited to express their views on activities by means of time spent with each individually by staff members to access and record their views, resident/relatives meetings and care management review meetings.</p>	Compliant

<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The programme of activities is displayed in a suitable format in several locations around the home so that residents and their representatives know what is scheduled.</p>	Compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the hallway and several other points throughout the home. These locations were considered appropriate as the areas were easily accessible to residents and their representatives.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>To enable the residents to participate in any activity of their choice, any equipment, aid or support from staff is always provided.</p>	Compliant
Inspection Findings:	
<p>Activities are provided, in the main, by designated care staff.</p> <p>The home also has a volunteer who has visited the home once a week for several years to provide activities.</p> <p>The registered manager and care staff confirmed that there was an acceptable supply of activity equipment available. The registered manager stated that she has access to a residents' comfort fund which is for the use of residents over and above the care funded in the home.</p>	Compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The duration of each activity and time-table will always take into account the needs and abilities of our residents participating.</p>	Compliant
Inspection Findings:	
<p>The care staff and registered manager confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The home may commission activities and entertainment from outside providers and the Officer in Charge always ensures that they are suitably qualified or experienced. A member of the home's staff is always present to supervise and assist with the activity.</p>	Compliant
Inspection Findings:	
<p>The home has participated in an entertainer who is sponsored by Derry City Council and who visits weekly to lead a programme of "Summer Songs".</p> <p>The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity and seek feedback from residents as to whether the activity had been enjoyed.</p>	Compliant

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>If an activity to our resident is provided by a person other than a staff member this is fully supervised by staff who will monitor the suitability of the activity for each individual participating.</p>	Compliant
Inspection Findings:	
<p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity. All outside activity provision is attended by a staff member who is familiar and knowledgeable of the residents.</p>	Compliant
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>A record is kept in the home of all activities that take place detailing the residents who participate, the name of the person leading the activity and the staff supervising the activity.</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. Although compliant, discussion took place with the registered manager in regard to development of this record.</p>	Compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>The programme of activities is reviewed on an ongoing basis and is formally reviewed with residents at resident meetings.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the programme of activities identified that it had last been reviewed at each staff meeting and by individual assessments. The records also identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with 12 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "This is the best home I'm so glad we are still here" This was a reference to the recent threat of closure
- "The girls(staff) are that good"
- "I enjoy the food"

No residents raised any area of concern regarding the care in William Street.

11.2 Relatives/representative consultation

No relatives were in the home on the day of this inspection. Two letters from relatives, both received in August 2014 were shared with the inspector. Both expressed gratitude for the care provided to family members in the home.

11.3 Staff consultation/Questionnaires

The inspector interviewed three staff of different grades and six staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

- "We work well together and everyone truly wants the best for the residents"
- "We have great access to training and support from the manager and the Trust"

11.4 Visiting professionals' consultation

One professional visited the home. The professional was from Community Dentistry and was organising training for staff in oral hygiene. The professional spoke with the inspector and expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

Comments received included:

- "I visit many homes and this is one of the best, residents are really well care for and there is always a friendly atmosphere".

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that one complaint since the previous inspection had been investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home Mrs Irvine and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Irvine. Mrs Irvine confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.12 Visits by the Registered Provider

The records of visits by the registered provider required by regulation 29 of the Residential Homes Regulations (NI) 2005 were examined for 11 June 2014, 28 July 2014 and 11 August 2014. These were found compliant with the legislative requirements.

12.0 Quality Improvement Plan

The findings of this inspection were discussed with Mrs Moia Irvine as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

Ruth Greer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the primary announced inspection of William Street Care Home which was undertaken on 27 August 2014 and I agree with the content of the report.

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

NAME OF REGISTERED MANAGER COMPLETING	Moia Irvine
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	<i>Carrie Hy</i>
Approved by:	Date
<i>Paul Greer</i>	<i>13 10 14</i>