

# Announced Premises Inspection Report 21 October 2016



## William Street Care Home

**Type of Service: Residential Care Home**  
**Address: 98 William Street, Londonderry, BT48 9AD**  
**Tel No: 028 7126 4213**  
**Inspector: P Cunningham**

## 1.0 Summary

An announced premises inspection of William Street Care Home took place on 21 October 2016 from 10:00 to 12:30hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. However one issue was identified for attention by the registered provider. Refer to section 4.5.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011:

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>1</b>	<b>0</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Moia Irvine, Home Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 03 March 2014.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Western Health and Social Care Trust	<b>Registered manager:</b> Moia Irvine
<b>Person in charge of the home at the time of inspection:</b> Moia Irvine	<b>Date manager registered:</b> 01 April 2005
<b>Categories of care:</b> RC-I	<b>Number of registered places:</b> 27

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Moia Irvine, Home Manager and Stephen Kelly, WHSCT Estates Officer.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 13 September 2016

The most recent inspection of the residential home was an unannounced care inspection. It is good to note that no recommendations or requirements were made as a result of that inspection.

## 4.2 Review of requirements and recommendations from the last premises inspection dated 03 March 2014

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> Ref: 14 (2)(c)	Confirm that the action plan of the home's legionellae risk assessment has been addressed appropriately.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The WHSCT Estates Officer confirmed that the action plan had been addressed and stated that the legionella risk assessment was to be reviewed within the next 6 weeks.	
<b>Requirement 2</b> Ref: 27 (4)(d)(i)	Fire doors should not be propped open. Where fire doors are required to be held open for operational or other reasons, suitable equipment should be provided. Consideration should be given to providing 'swing-free' type or other suitable devices to the laundry and main kitchen doors. This might be accommodated within the scope of the current ongoing works to fit such devices to bedroom doors. The manager should liaise with the fire risk assessor accordingly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Fire doors were not found to be propped open during the inspection and the manager confirmed that this issue was being managed in the home.	
<b>Requirement 3</b> Ref: 27 (4)(c)	Provide suitable easy opening device to the door from the corridor to the lower ground floor (G0 023) and elsewhere as appropriate. Prior consideration should be given to the needs of the resident group with particular reference to security. The manager should liaise with the fire risk assessor accordingly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Easy opening 'thumb-turn' device fitted to door and local alarm device in place.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> E30  <b>Stated:</b>	Reinstate the room formerly containing the 'medi-bath' as a level access shower room.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Room not reinstated as bath or shower room. Currently only a W.C. available in the room. See section 4.5 item 1 below and requirement 1 in the attached QIP.	

### 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

This supports the delivery of safe care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

One issue however was identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

#### Areas for improvement

1. The home is currently registered to accommodate up to 27 residents. Currently there are 13 residents living in the home. Two of the three bath/shower rooms in the home are currently not in use as bath/shower rooms leaving only one shower room for use by residents.

Following the previous premises inspection on 03 March 2014, the inspector recommended that one of the three bathrooms be reinstated as a shower room as the bath contained in the room was not in use. The manager had responded in the QIP of that report that a request for funding had been made within the Trust to carry out relevant works to achieve this. It was found on this inspection that the room remains unused as a bath/shower room and the 'medi-bath' previously provided in the room has been removed.

Additionally a second bathroom has become unused as a bathroom as the 'Arjo Malibu' bath has been removed over recent weeks due to a fault in the bath's equipment. See requirement 1 in the attached QIP.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Moia Irvine, Home Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

No recommendations were made.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 27 (1)

**Stated:** First time

**To be completed by:**  
**16 December 2016**

The registered provider must reinstate the two unused bath/showerooms into use. This should include provision of at least one bath.  
The Residential Care Homes Minimum Standards issued by Department of Health, section E30 refers.

**Response by registered provider detailing the actions taken:**

This work has been costed and is awaiting final approval to commence.



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