

Announced Premises Inspection Report 9 January 2018



Victoria House

Type of Service: Residential Care Home
Address: 22 Moneyleck Road, Rasharkin, BT44 8QB
Tel No: 028 2957 1423
Inspector: Phil Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home that provides care for up to 11 residents.

3.0 Service details

Organisation/Registered Provider: Victoria House Responsible Individual(s): Samuel Derek Robinson Wallace	Registered Manager: Rhonda Henry
Person in charge at the time of inspection: Rhonda Henry	Date manager registered: Registration pending
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia LD – Learning Disability	Number of registered places: 11

4.0 Inspection summary

An announced inspection took place on 9 January 2018 from 10.00 to 13.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the maintenance and upkeep of the home and records relating to this were inspected.

Areas requiring improvement were identified in relation to several maintenance issues and these are detailed in the report below and in the QIP appended to the report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	7	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Wallace, Responsible Person as part of the inspection process. The timescales for completion commence from the date of inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Wallace, registered responsible person as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent care inspection on 17 October 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the service
- the establishment related incidents reported to RQIA since the last premises inspection (none submitted)

The following records were examined during the inspection:

- 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

During the inspection we met with the registered responsible person, Derek Wallace and the home manager Rhonda Henry.

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 October 2017

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the care inspector on 13 December 2017.

This QIP will be validated by the care inspector at the next care inspection although one issue contained in that report relating to decoration in the hall area of the home was confirmed as being met during this inspection.

6.2 Review of areas for improvement from the last premises inspection dated 3 February 2015

Areas for improvement from the last premises inspection dated 3 February 2015		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27.-(2)(c)	To comply with the Lifting Operations and Lifting Equipment Regulations (NI) 1999, arrangements should be made for the stair lift to be thoroughly examined by a competent person at intervals of 6 months or less.	Met
	Action taken as confirmed during the inspection: Records were provided confirming that the stair lift has been thoroughly examined and the responsible person confirmed that this is carried out every six months.	
Area for improvement 2 Ref: Regulation 27.-(2)(c) and (q)	A Gas Safe certificate should be obtained which verifies that the cooker installation is in a safe and satisfactory condition.	Met
	Action taken as confirmed during the inspection: Records were provided confirming that the gas installation has been checked and the responsible person confirmed that this is carried out every year.	
Area for improvement 3 Ref: Regulation 14.-(2)(c) 13.-(7)	It should be ensured that the review of the legionella risk assessment is carried out as planned. The action plan and scheme of legionella control arising from the review should be fully implemented within timescales acceptable to the legionella risk assessor.	Met
	Action taken as confirmed during the inspection: Records were provided confirming that the legionella risk assessment was reviewed in September 2015 and the responsible person stated that this was to be further reviewed over the next number of months.	

Area for improvement 4 Ref: Regulation 14.-(2)(c) 13.-(7)	The recommendations of the legionella risk assessor and the guidance in the code of practice L8 HSG274 Part 2 should be considered in relation to the installation of individual thermostatic mixing valves. (Item 9.2.1 in report)	Met
	Action taken as confirmed during the inspection: Thermostatic valves have been fitted to individual outlets and the responsible person stated that the central blending device has been removed.	
Area for improvement 5 Ref: Regulation 14.-(2)(a) and (c)	All blind cords should be surveyed and upgraded as necessary to be in line with safety alert EFA/2015/001. (Item 9.2.2 in report)	Met
	Action taken as confirmed during the inspection: Responsible person confirmed that this was addressed.	
Area for improvement 6 Ref: Regulation 27.-(4)(f)	Arrangements should be made to monitor attendance at practice fire drills to ensure that all staff on all shifts participate and it can be verified that the emergency procedure can be effectively implemented at any time and when the minimum number of staff are on duty. Reference should be made to NIHTM84.	Met
	Action taken as confirmed during the inspection: Responsible person confirmed that this was addressed and records are retained accordingly.	
Area for improvement 7 Ref: Regulation 27.-(4)(e)	Fire safety information, instruction and training should be provided to all staff at least twice a year. Reference should be made to NIHTM84	Met
	Action taken as confirmed during the inspection: Responsible person confirmed that this was addressed and records are retained accordingly.	

<p>Area for improvement 8</p> <p>Ref: Regulation 27.-(4)(d)(iv)</p>	<p>There should be records to verify that the fire detection and alarm system is being maintained in accordance with good practice by a competent person not less frequently than every six months and preferably quarterly. Reference should be made to BS5839.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection: Records indicate that the fire alarm system is maintained although the last service was carried out in excess of six months ago. The responsible person stated that this was to be serviced as soon as practically possible.</p>		
<p>Area for improvement 9</p> <p>Ref: Regulation 19.-(2) 27.-(2)(q) 27.-(4)(d)(iv)</p>	<p>A full set of fire safety and maintenance records should be maintained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Adequate maintenance and service records were presented at the inspection.</p>		
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 29</p>	<p>The person carrying out the next review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained in: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection: The fire risk assessment was carried out by a person holding various qualifications in fire safety including affiliate membership of The Institute of Fire Engineers and certificates in NEBOSH Health & Safety and Fire Safety. It is not known however if the assessor is included on a relevant fire risk assessment register as outlined in correspondence from</p>		

	<p>RQIA to providers in January 2013 and on April 2015.</p> <p>https://www.rqia.org.uk/RQIA/files/ca/cade1f28-5b3b-49f5-90d2-dd12d32a775e.pdf</p>	
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6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

A range of documentation in relation to the maintenance and upkeep of the establishment 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 establishments installations and engineering services was also presented for review during this premises inspection.

These measures support the delivery of safe care.

Areas of good practice

Records presented indicate good attention to the upkeep of the premises engineering services and installations.

A risk assessment relating to the control of legionella bacteria in water systems is in place and there are procedures in place to maintain this. Works have been completed to the plumbing system in line with findings of the assessment and this included the installation of thermostatic mixing valves to individual hot water outlets and removal of a central valve which had been in operation.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, 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 establishment 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.

Areas for improvement

1. The fire risk assessment was last reviewed in December 2016 and is due for review. The responsible person should ensure that this is reviewed and that the assessor reviews the progress with the action plan of the previous review and signs same off appropriately.

It is recommended as part of this that the person carrying out the next review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on April 2015 and the guidance contained in: <https://www.rqia.org.uk/RQIA/files/ca/cade1f28-5b3b-49f5-90d2-dd12d32a775e.pdf>

2. Servicing of the fire alarm system is overdue and the responsible person should ensure that this is carried out in accordance with BS5839.
3. Checks to the water system are in place although these are not comprehensive in line with the relevant guidance for control of legionella bacteria in water systems. The responsible person stated that the legionella risk assessment is to be reviewed over coming months. Relevant training and instruction should be afforded to staff and persons carrying out the water safety procedures as part of the review.
4. There are no records available to confirm that the manager or the responsible person carry out regular checks to the DoH Northern Ireland Adverse Incident Centre (NIAIC) website for relevant safety alerts in line with correspondence from RQIA on May 2017, ref: <https://www.rqia.org.uk/RQIA/files/b3/b3e3639f-56f1-4812-9cf9-6dbda0a5583d.pdf>
5. Periodic inspection and testing of the fixed wiring installation was last undertaken in August 2012. The responsible person should ensure that this is carried out in accordance with BS7671 which recommends checks at five yearly intervals.
6. The radiators in the home are not low surface temperature type and a number are exposed. The responsible person stated that a risk assessment was carried around this and various measures were employed where appropriate. This should be reviewed and any further measures put in place where appropriate.
7. The front door is fitted with a mechanical code-lock and requires input of a code to exit the home. The door forms part of the main means of escape. This should be reviewed and where it is deemed necessary to control egress from the door, a suitable electromagnetic lock linked to the fire alarm and detection system should be provided. Otherwise the lock should be disabled or removed and an easy opening device fitted. The responsible person should liaise with the fire risk assessor around this.

	Regulations	Standards
Total number of areas for improvement	7	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

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 establishment.

This supports the delivery of effective care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintenance regimes and premises upkeep.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The areas of the establishment reviewed during this premises inspection were well presented.

This supports the delivery of compassionate care.

Areas of good practice

The areas of the establishment 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 their private accommodation where appropriate.

Areas for improvement

- Several tiles were missing from above sanitary appliances including in the bathroom and the laundry. These should be replaced.
- The homes gutters require cleaning.
- The responsible person discussed removal of the home's 'medi-bath' and provision of a wet-room shower facility in its place. The proposal includes re-location of the medi-bath to the existing first floor bathroom. This would improve facilities in the home for residents and implementation is encouraged.

	Regulations	Standards
Total number of areas for improvement	0	2

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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

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.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Derek Wallace, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 nursing 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27.- (4)(1)</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2018</p>	<p>The registered person shall ensure that the fire risk assessment is reviewed and that the assessor reviews the progress with the action plan of the previous review and signs same off appropriately.</p> <p>It is recommended as part of this that the person carrying out the review holds professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on April 2015 and the guidance contained in: https://www.rqia.org.uk/RQIA/files/ca/cade1f28-5b3b-49f5-90d2-dd12d32a775e.pdf</p> <p>Ref: 6.4 item 1</p>
	<p>Response by registered person detailing the actions taken: this has ben done, according to the guidance of the fire safety and fire risk assessment of residential care homes.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27.- (4)(d)(iv)</p> <p>Stated: Second time</p> <p>To be completed by: 23 February 2018</p>	<p>The registered person shall ensure that the fire alarm system is serviced in accordance with BS5839 at six monthly intervals.</p> <p>Ref: 6.4 item 2</p>
	<p>Response by registered person detailing the actions taken: This has been done.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14.- (2)(c)</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2018</p>	<p>The registered person shall ensure that comprehensive checks to the water system are in place in line with the relevant guidance for control of legionella bacteria in water systems.</p> <p>It is recommended as part of this that relevant training and instruction should be afforded to staff and persons carrying out the water safety procedures and this is best delivered by the person carrying out the upcoming legionella risk assessment review.</p> <p>Ref: 6.4. item 3</p>
	<p>Response by registered person detailing the actions taken: This has been done by the revelant people who deal with the water procedures.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14.- (2)(c)</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2018</p>	<p>The registered person shall carry out regular checks on the DofH Northern Ireland Adverse Incident Centre (NIAIC) website for relevant safety alerts in line with correspondence from RQIA on May 2017: ref https://www.rqia.org.uk/RQIA/files/b3/b3e3639f-56f1-4812-9cf9-6dbda0a5583d.pdf</p> <p>Ref: 6.4 item 4</p> <p>Response by registered person detailing the actions taken: Have currently been checking on this website.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27.- (1)(q)</p> <p>Stated: First time</p> <p>To be completed by: 13 April 2018</p>	<p>The registered person shall ensure that periodic inspection and testing of the fixed wiring installation is carried out in accordance with BS7671.</p> <p>Ref: 6.4 item 5</p> <p>Response by registered person detailing the actions taken: This has been done along with our electrical checks and fire alarm checks by a competent and qualified person.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14.- (2)(c)</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2018</p>	<p>The registered person shall review the risk assessment for the radiators and any further control measures should put in place where appropriate.</p> <p>Ref: 6.4 item 6</p> <p>Response by registered person detailing the actions taken: This is ongoing on a regular occurrence</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 27.- (4)(c)</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2018</p>	<p>The registered person shall review the need for the mechanical code-lock on the main front door of the home. The door forms part of the main means of escape. Where it is deemed necessary to control egress from the door, a suitable electromagnetic lock linked to the fire alarm and detection system should be provided. Otherwise the lock should be disabled or removed and an easy opening device fitted. The responsible person should liaise with the fire risk assessor around this.</p> <p>Ref: 6.4 item 7</p> <p>Response by registered person detailing the actions taken: This is now disabled and if required a new lock will be required to the fire alarm.</p>

Action required to ensure compliance the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).	
Area for improvement 1 Ref: Standard 27 Stated: First time To be completed by: 23 February 2018	The registered person shall replace the missing tiles in the bathroom and the laundry and elsewhere where tiles are missing. Ref: 6.6 item 1
	Response by registered person detailing the actions taken: This has been done.
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 23 February 2018	The registered person shall clear the home's guttering of moss and debris Ref: 6.6 item 2
	Response by registered person detailing the actions taken: This has been done.



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