



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Victoria House  
  
4 August 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 4 August 2015 from 10.30 to 17.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

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>	3	5

The details of the QIP within this report were discussed with the Mrs Rhonda Henry assistant manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Samuel Wallace	<b>Registered Manager:</b> Mr Samuel Wallace
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Rhonda Henry	<b>Date Manager Registered:</b> 1 April 1993
<b>Categories of Care:</b> RC-LD, RC-DE, RC-I	<b>Number of Registered Places:</b> 11
<b>Number of Residents Accommodated on Day of Inspection:</b> 10	<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

Prior to inspection we analysed the following records: Notifications of accidents and incident records submitted to RQIA and the returned Quality Improvement Plan from the previous inspection.

During the inspection we met with 10 residents, two care staff, and the assistant manager. There were no visiting relatives or representatives to the home throughout the period of the inspection.

We inspected the following records:

- Three care records
- Relevant policies and procedures
- Staff training records
- Accident and incident records
- Fire Safety Risk Assessment
- Complaints Records.

### 5. The Inspection

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

The previous inspection of the home was an unannounced care inspection dated 12 February 2015. The completed QIP was returned and approved by the care inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref: Regulation 27</b> (2) (t)	The registered person shall, having regard to the number and needs of the residents, ensure that –  (t) a risk assessment to manage health and safety is carried out and updated when necessary.  Reference to this is made in relation to radiators/hot surfaces. These must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.	Not Met

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>There were no records available to show that risk assessments had been undertaken in relation to the management of hot surfaces/radiators in the home. We did not observe any subsequent action taken.</p> <p>This requirement has been restated in the QIP for a second time.</p>	
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b> <b>Ref: Standard 20.10</b></p>	<p>Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action taken when necessary.</p> <p>Reference to this is made in that in the format of recording accidents it needs to include;</p> <ul style="list-style-type: none"> <li>• Confirmation that the resident's care manager was notified of the event</li> </ul> <p>And</p> <ul style="list-style-type: none"> <li>• Confirmation that the registered manager has signed and dated all accident / incident records on a regular and up to date basis as reviewed / inspected.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The appropriate records were not completed.</p> <p>This recommendation has been restated in the QIP for a second time.</p>	<p>Not Met</p>

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

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

The assistant manager confirmed that residents can spend their final days of life in the home unless there was a documented health care need to prevent this.

In our discussions with the assistant manager and two care staff they confirmed that residents and those identified as important to them are involved in decisions about their treatment and care. Staff confirmed that the home works closely with other health care professionals including the residents General Practitioner and the district nursing service. Staff also

confirmed that any changes in the residents' condition would be monitored closely. Any changes would be reflected in their assessment and documented in their care plan.

Staff shared their recent experience of supporting a resident towards the end of their life. Staff confirmed during this period they kept family members informed about any changes in the resident's condition. Staff worked alongside Macmillan nurses who visited the home. Staff were aware of the need to monitor the residents condition closely, including food and fluid intake and repositioning. Staff also confirmed that family members were supported by staff in the home. Family members were provided with privacy and support as needed.

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

The home had a policy in place regarding dying and death. We inspected three care records. Two of these records contained information regarding arrangements made in the event of the resident's death. This information was included in the minutes of the residents care review. We discussed with the assistant manager the benefit of obtaining the recorded wishes of all residents regarding specific arrangements at the time of their death. We made a recommendation that this issue should be clarified for all residents through a process of consultation. All relevant information should be included within the residents care plans.

The assistant manager confirmed that the deceased's belongings would be handled with care and respect. Staff members we spoke with were aware of the need to respect resident's personal property. In our discussions with the assistant manager she confirmed that families are given the time they need to personally remove the belongings of the deceased.

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

Through our discussions with the assistant manager and staff they confirmed that the needs of the dying resident would be met with a strong focus on dignity and respect. In such circumstances information is communicated sensitively to family members who would be given time and privacy to spend with their loved one.

The assistant manager confirmed that following the death of a resident other residents would be informed sensitively. Residents and staff would have the opportunity to pay their respects and are provided with support if needed. Staff confirmed to us that there was a supportive ethos in the home.

### **Areas for Improvement**

We identified one area of improvement in relation to this standard. Overall this standard was assessed as being met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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### **Theme: Residents receive individual continence management and support**

#### **Is care safe? (Quality of life)**

In our discussions with staff they demonstrated knowledge of supporting residents with their continence needs. We inspected three care records. Two of these records demonstrated

input from the district nursing service in relation to individualised assessments and plans of care for the identified residents. The third record showed that the resident was fully continent.

The assistant manager confirmed that the home work closely with the district nursing service to address any issues relating to continence care.

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

The home had a policy in place regarding continence management. This contained relevant information. Residents' individual needs were reviewed regularly. Identified issues of assessed need were raised and reported to the district nursing services for advice and support. We inspected staff training records. These showed staff had completed training in infection control in keeping with mandatory training guidance.

We observed adequate supplies of continence products, gloves, aprons, and hand washing dispensers throughout the home. No malodours were identified.

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

In our discussions with staff they were aware of the need to promote residents' privacy and dignity at all times. In our discreet observations of care practices we found that residents were treated with care and respect when being assisted by staff. Continence care was undertaken in a discreet and private manner.

### **Areas for Improvement**

We identified no areas of improvement in relation to this theme. Overall this theme was assessed as being met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## **5.4 Additional Areas Examined**

### **5.4.1 Resident's views**

We spoke with nine residents individually. In accordance with their capabilities residents expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided. Two residents informed us that they were very happy in the home however they raised the issue that two/three other residents were causing some difficulty due to behavioural issues. These concerns were also reflected in the complaints record maintained in the home.

Some of the comments provided from residents included:

- "The girls are all very kind. They go beyond what you would expect."
- "I am happy here, I have all that I need."
- "I can only speak for myself , but I am very happy here. No complaints."
- "Everyone is very good, I can't say a bad word about it here."
- "It is marvellous here, they are so nice. I am very happy here."
- "The food is good, the staff are kind."

- “They (other resident) shout across the room, but they don’t know.”
- “I am doing well here. (Other residents) they are not well, they can’t help it.”

#### **5.4.2 Relatives/representatives views**

There were no visiting relatives/representatives available to meet with us during the inspection.

#### **5.4.3 Staff views**

We spoke with two care staff on duty and the assistant manager. All staff members spoke positively about their roles and duties and staff morale. Staff informed us they felt a good standard of care was provided and they had the necessary resources and skills to complete their duties. We provided 10 staff questionnaires for distribution to staff for completion. One completed questionnaire was returned to RQIA. This included positive feedback in relation to the standard and theme reviewed.

#### **5.4.4 Competency and capability assessments**

Upon our arrival at the home we were informed the registered manager was on annual leave. The senior carer in charge advised us that the assistant manager was on call. She contacted Mrs Rhonda Henry assistant manager who joined the inspection a short time later. We discussed the issue of persons in charge of the home in the registered manager’s absence. We noted a competency and capability assessment had not been completed for the staff member left in charge. The assistant manager confirmed that she was kept informed of any changes at all times during the absence of the registered manager.

We made a requirement that competency and capability assessments must be carried out for all staff members who are given the responsibility of being in charge of the home for any period of time in the registered manager’s absence.

#### **5.4.5 Care reviews and variation application to categories of care**

Through our discussions with residents in the home and review of complaint records it was brought to our attention that there had been some issues regarding the behaviours of up to three residents. This issue was discussed with the assistant manager who confirmed that one of the identified residents had recently had a care review. It had been agreed with the referring trust that the placement remained suitable at this time. We made a recommendation that the two other identified residents should have care reviews completed to ascertain if their placement remains suitable.

We advised the assistant manager via telephone following the inspection of the need to submit a variation application to RQIA in respect of adding dementia category of care to the home. This application shall be considered by RQIA.

#### **5.4.6 Daily records**

We inspected three care records. We cross referenced information in the dairy relating to one identified resident’s review with their daily progress notes and the daily report records held in the home. We noted a number of omissions in relation to updating changes in the resident’s

care. The need to maintain accurate records which reflect changes in residents' care was discussed with the assistant manager.

We made a requirement that there should be up to date records available which reflect all care and services provided to residents', including a record of the residents' condition, treatment and any other intervention. Further to this we made a recommendation that care staff should complete training relating to record keeping.

#### **5.4.7 Care Plans**

We found one care plan did not contain specific information regarding the treatment needed to manage an identified resident's medical condition. This issue was discussed with the assistant manager who confirmed the resident was in receipt of treatment for the condition.

We made a requirement that care plans should clearly reflect how the resident's needs in respect of their health, care and welfare are to be met.

Further to this we made a recommendation that care plans should be signed by the resident or their representative, where appropriate, the member of staff drawing it up and the registered manager. If the resident or their representative is unable to sign or choose not to sign this should be recorded. We noted from three care records inspected none were signed by the resident, or their representative. Two were not signed by the registered manager.

#### **5.4.8 Accident and incidents**

We reviewed the accident and incident reports from the date of the previous inspection. These were managed appropriately. We have restated the recommendation for the registered manager to sign all accident and incident records as being reviewed/ inspected.

#### **5.4.9 Fire Safety**

We inspected the homes fire safety risk assessment this had been updated accordingly. We reviewed the fire safety training records and noted that fire safety training was provided to staff on an annual basis. We made a recommendation fire safety training should be provided at least twice every year.

#### **5.4.10 Complaints**

We reviewed records of complaints. We noted five complaints in recent months were from residents regarding the behaviour of other residents in the home. This issue was discussed with the assistant manager who confirmed that action would be taken to address the issues as identified earlier in this report.

#### **Areas for Improvement**

We identified seven areas of improvement relating to the additional areas examined.

<b>Number of requirements:</b>	3	<b>Number of recommendations:</b>	4
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## 6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Rhonda Henry assistant manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.4 Statutory Requirements

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

### 6.5 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.6 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20.(3)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 6 October 2015</p>	<p>The registered manager must ensure that competency and capability assessments are completed for all staff who are given the responsibility of being in charge of the home for any period of time in the registered managers absence.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This is already in place now and system we are using now staff are very happy with it.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 19.(1) (a) Schedule 3 (k)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of the inspection and ongoing.</p>	<p>The registered manager must ensure records reflect all care and services provided to residents, including a record of the residents' condition, treatment and any other intervention.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has always been the case, in the home.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 16.(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 24 September 2015</p>	<p>The registered manager must ensure that care plans clearly reflect how resident's needs in respect of their health, care and welfare are to be met.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has been the case, in their care records, and will continue to be recorded in connection with their ever changing needs to be met.</p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 27 (2) (t)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 24 September 2015</p>	<p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>(t) a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Reference to this is made in relation to radiators/hot surfaces. These must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has been done and will continue to be carried out on a regular basis.</p>

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p> <p>To be Completed by: 6 October 2015</p>	<p>The registered manager should ensure that the wishes of residents regarding arrangements at the time of their death are sought. This information should be included in the residents care plans.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has been recorded in their care files.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 6 October 2015</p>	<p>The registered manager should ensure that the two identified residents have care reviews completed with the referring trust to ascertain if the placement remains suitable.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> One of the residents reviews has been done and the other is to follow on the 26<sup>th</sup> Oct.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be Completed by: 20 October 2015</p>	<p>The registered manager should ensure that care staff complete training in record keeping.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has been done with all staff.</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be Completed by: 24 September 2015</p>	<p>The registered manager should ensure that care plans are signed by the resident or their representative, where appropriate, the member of staff drawing it up and the registered manager. If the resident or their representative is unable to sign or choose not to sign this should be recorded.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has been done.</p>
<p><b>Recommendation 5</b></p> <p>Ref: Standard 29.4</p> <p>Stated: First time</p> <p>To be Completed by: 6 November 2015</p>	<p>The registered manager should ensure all staff complete fire safety training at least twice every year.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This is currently being done another fire safety training arranged and it is on the 24<sup>th</sup> Sept.</p>

<b>Recommendation 6</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> Second time <b>To be Completed by:</b> 24 September 2015	Working practices are systematically audited to ensure they are consisted with the home's documented policies and procedures and action taken when necessary.  Reference to this is made in that in the format of recording accidents it needs to include; <ul style="list-style-type: none"> <li>• Confirmation that the resident's care manager was notified of the event</li> <li>• Confirmation that the registered manager has signed and dated all accident/incident records on a regular and up to date basis as reviewed/inspected.</li> </ul>		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Care Manager and Registered Manager are always made aware of any accidents/incidents that happen.		
<b>Registered Manager Completing QIP</b>	D Wallace	<b>Date Completed</b>	21-9-15
<b>Registered Person Approving QIP</b>	D Wallace	<b>Date Approved</b>	21-9-15
<b>RQIA Inspector Assessing Response</b>	Bronagh Duggan	<b>Date Approved</b>	21/9/15

*\*Please ensure the QIP is completed 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.