



The Regulation and  
Quality Improvement  
Authority

## Unannounced Primary Care Inspection

Name of Establishment: Victoria House

RQIA Number: 1319

Date of Inspection: 12 February 2015

Inspector's Name: John McAuley

Inspection ID: IN017334

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 General information

<b>Name of Service:</b>	Victoria House
<b>Address:</b>	22 Moneyleck Road Rasharkin BT44 8QB
<b>Telephone number:</b>	028 2957 1423
<b>E mail address:</b>	info@victoriaprph.com
<b>Registered Organisation/ Registered Provider:</b>	Samuel Derek Wallace
<b>Registered Manager:</b>	Samuel Derek Wallace
<b>Person in charge of the home at the time of inspection:</b>	Ann Marie McGuigan
<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>Scale of charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	28 October 2014 Primary Announced Inspection
<b>Date and time of inspection:</b>	12 February 2015 10:30am – 2:00pm
<b>Name of Inspector:</b>	John McAuley

## **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 an unannounced secondary 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 unannounced inspection was to ensure that the service is 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**

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

- Discussion with the registered provider / manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with residents and staff
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 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 Standard:

### **Standard 9 – Health and Social Care**

**The health and social care needs of residents are fully addressed.**

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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.
<b>3 - Moving towards compliance</b>	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.
<b>4 - Substantially Compliant</b>	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.
<b>5 - Compliant</b>	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.

## 6.0 Profile of service

Victoria House Residential Care home is situated on the Moneyleck Road in the village of Rasharkin, County Antrim.

The residential home is owned and operated by Mr Derek Wallace, who is also the registered manager. The deputy manager is Mrs Rhonda Henry.

Accommodation for residents is provided single and double room accommodation. Access to the first floor is via a stair lift and stairs.

Communal lounges and a dining area are provided in the ground floor level.

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

The home is registered to provide care for a maximum of 11 persons under the following categories of care:

Residential care:

I – Old age not falling into any other category

## 7.0 Summary of inspection

This secondary unannounced care inspection of Victoria House was undertaken by John McAuley on 13 February 2015 between the hours of 10:30am and 2:00pm. Mrs Ann Marie McGuigan senior care assistant was in charge of the home and available during the inspection. The registered provider / manager Mr Derek Wallace was also available during the inspection and for verbal feedback at the conclusion of the inspection.

The three requirements and seven recommendations made as a result of the previous inspection on 28 October 2014 were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this inspection was on Standard 9 Health and Social Care of the DHSSPS Residential Care Homes Minimum Standards. A review of this standard found that care records were recorded in detail with good account of residents' health and social care needs being met. Staff confirmed good knowledge and understanding of residents' needs and prescribed interventions. Care progress records contained evidence that statements of assessed need had a recorded statement of care / treatment given and effect of same. There were processes in place to ensure the effective management of the standard inspected, and the overall standard was assessed as compliant.

During the inspection the inspector met with residents and staff, observed care practices, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they expressed / 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. Comments received from residents are included in section 10.0 of the main body of the report.

The home presented as clean and tidy. The general décor and furnishings being was tired and dated in areas but fit for purpose. One requirement has been made in respect of hot surfaces and radiators as detailed later in this report.

Discreet observations evidenced residents being treated with dignity and respect. A pleasant relaxed homely atmosphere was in place with residents observed to be content with same.

One recommendation has been made in relation to the format of recording accidents as detailed later in this report.

In total, one requirement and one recommendation were made as a result of the secondary unannounced inspection.

The inspector would like to thank the residents, staff and management for their assistance and co-operation throughout the inspection process.

**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 28 October 2014**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	Standard 19 .3	Advice should be sought from Access NI and implemented in respect of the storage of details of staff security checks.	Storage of Access NI details of staff has been reviewed accordingly.	Compliant
2.	Regulation 29	The registered person is required to undertake monthly monitoring visits and complete reports on the findings. The reports should be completed monthly and held in the home available for inspection.	Monthly monitoring visits are undertaken and the reports of these visits are maintained in the home.	Compliant
3.	Regulation 12.(2) (b)	<p>The registered person shall ensure that all aids and equipment used in or for the purpose of the residential care home is –</p> <p>(a) Suitable for the purpose for which it is to be used</p> <p>Reference to this is made to the use of bedrails for one identified resident who did not have an appropriate risk assessment in place, this information was also not included in the residents care plan or most recent care review.</p>	There was no usage of bedrails in the home at the time of this inspection.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	10.1	The policy and procedure should be developed further and outline the need for Trust involvement in managing behaviours which challenge. The policy and procedure should also state the need to inform RQIA on each occasion restraint is used. The policy and procedure should be made specific to Victoria House as the information contained in the policy related to a care provider in England.	The home's policy and procedure on managing behaviours which challenge and restrictive practices has been revised accordingly.	Compliant
2	10.1	Staff in the home should receive training in responding to challenging behaviours as soon as practicable, this should be completed annually in keeping with RQIA Guidance on Mandatory Training 2012.	Staff have received training in responding to challenging behaviours on January 2015.	Compliant
3	10.7	The use of the key pad system on the front door should be reviewed taking into consideration the individual needs and preferences of all residents through a process of risk assessment.	The use of the key pad system on the front door has been removed.	Compliant
4	13.1	The homes policy on the provision of activities should be reviewed and developed further to reflect the criteria included in the Residential Care Homes Minimum Standards 2011.	The home's policy on activities has been revised accordingly.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
5	13.3	Residents should be given more opportunity to make suggestions and be involved in the development of the programme of activities in the home.	Discussions with residents during this inspection confirmed that they felt they had good opportunity to raise suggestions for activities through for example informal and formal meetings.	Compliant
6	13.3	There should be regular residents meetings to ensure residents are given the opportunity to contribute to and discuss issues in the home.	Regular residents meetings have been put in place.	Compliant
7	8.2	Care records should be completed at least weekly for each resident when no recordable events occur and more frequently as needed.	A review of a sample of residents' care records found that progress records were being maintained on a regular basis and at least weekly.	Compliant

**9.0 Inspection Findings**

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A review of residents' care records confirmed that the details of each resident's GP and aligned healthcare professionals were recorded.  Assistance is in place, for those residents who need to register with a new GP and / or healthcare professional.	Compliant
<b>Criterion Assessed:</b> 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussions with staff on duty confirmed that they had good knowledge and understanding of residents' needs and practices and interventions prescribed. This knowledge and understanding was found to correspond with the assessments and care plans reviewed.	Compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b> 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A review of residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referrals to the aligned health care professional(s).	Compliant
<b>Criterion Assessed:</b> 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Evidence was in place to confirm that the resident's representative is provided with feedback from health and social care appointments and any follow up care required. This evidence was recorded in a contact record with the resident's representative and also in the resident's progress records.	Compliant

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A record is maintained of each resident's contact with their aligned health care professional(s). There was also evidence in place to confirm that referrals are made as necessary to the appropriate service.	Compliant
<b>Criterion Assessed:</b> 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
General observations of residents' aids, appliances and equipment found these were maintained in good order.	Compliant

## **10.0 Additional Areas Examined**

### **10.1 Resident's consultation**

The inspector met with all the residents in the home at the time of this inspection. 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.

Some of the comments received included statements such as:

- "Everything is lovely, we are all well looked after"
- "Never any problems here"
- "It's a lovely place to live"
- "Things are great, no complaints"
- "I am very happy here"

No concerns were expressed or indicated.

### **10.2 Relatives/representative consultation**

There were no visiting relatives in the home at the time of this inspection.

### **10.3 Staff consultation**

The inspector met with three members of staff of various grades on duty at the time of this inspection. All spoke in a positive basis about their roles and duties, the teamwork, support and provision of care.

No concerns were expressed.

### **10.4 Visiting professionals' consultation**

There were no visiting professionals in the home at the time of this inspection.

### **10.5 General environment**

The home was found to be clean and tidy. The general décor and furnishings being was tired and dated in areas but fit for purpose.

Residents' bedrooms were homely and personalised.

The communal lounge and dining room were comfortable and nicely facilitated.

One requirement has been made in relation to risk assessing radiators / hot surfaces. A number of these were found to be excessively hot to touch and posed as a risk if a resident were to fall on same.

## **10.6 Accident / incident reports**

A review of these reports since the previous inspection was undertaken. A recommendation(s) has been made to include in the format of recording, confirmation that the resident's aligned care manager was notified of the event and confirmation that the registered manager has reviewed / inspected report on a regular and up to date basis.

## **10.7 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.

A review of the complaints records together with discussions with the registered manager evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

## **10.8 Care practices**

Discreet observations evidenced residents being treated with dignity and respect. A pleasant relaxed homely atmosphere was in place with residents observed to be content with same.

Residents were found to benefit from the company of choice of one another and fulfilled with aligned activities and pastimes of choice. An appetising dinner was provided for with appropriate assistance with same. Care duties and tasks were carried out in an unhurried manner and in accordance with residents' individual needs.

## **11.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Derek Wallace, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**John McAuley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

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12 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Derek Wallace either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

<b>Statutory Requirements</b>					
<b>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, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	27 (2) (t)	<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>	One	This is currently being done.	12 May 2015

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20.10	<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>	One	<p>Confirmation of any incident's relating to the resident are notified as soon as the incident takes place, this has always been the case.</p> <p>The registered manager has signed and dated all accident and incident records.</p>	12 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	D Wallace
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	D Wallace

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	20.5.15
Further information requested from provider			