

# Unannounced Care Inspection Report 17 October 2017



## Victoria House

**Type of Service: Residential Care Home**  
**Address: 22 Moneysleck Road, Rasharkin, BT44 8QB**  
**Tel no: 028 2957 1423**  
**Inspector: Bronagh Duggan**

[www.rqia.org.uk](http://www.rqia.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 with 11 beds that provides care within the categories of care as listed in Section 3.0 of this report.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Mr Samuel Derek Robinson Wallace	<b>Registered manager:</b> Rhonda Henry (acting)
<b>Person in charge of the home at the time of inspection:</b> Rhonda Henry	<b>Date manager registered:</b> 1 April 2005.
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia LD - Learning Disability	<b>Number of registered places:</b> 11

### 4.0 Inspection summary

An unannounced care inspection took place on 17 October 2017 from 10:45 to 16:25.

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

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

Evidence of good practice was found in relation to staff training, supervision, communication between residents, staff and other key stakeholders, the culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified with regard to the home's environment, the completion of a risk assessment for use of an identified shower, the frequency of residents' meetings and the reporting of notifiable events.

Residents said they liked the home, the food was good and the staff were good.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

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

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 were required to be taken following the most recent inspection on 23 May 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: notifications of accidents and incidents submitted to RQIA since the last care inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with eight residents, one member of care staff, the manager and the registered person.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal information
- Staff training schedule/records
- Three residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 23 May 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 23 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29.6 <b>Stated:</b> First time <b>To be completed by:</b> 23 June 2017	The registered provider should ensure all staff members participate in a fire drill at least once per annum.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of records maintained in the home confirmed all staff members had participated in a fire drill.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 17.10 <b>Stated:</b> First time <b>To be completed by:</b> 23 June 2017	The registered provider should ensure complainants level of satisfaction with the outcome is recorded following any complaints investigation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of complaints records showed the complainant's level of satisfaction with the outcome was recorded.	

### 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.**

The manager advised on the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. Information for mandatory training and staff supervision was maintained and was reviewed during the inspection. The manager advised that annual appraisals were due to be completed by the end of the year.

The manager and staff advised that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed during the previous inspection.

The manager advised that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy was reviewed during the previous inspection and was consistent with the current regional guidance. A safeguarding champion had been established.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care

records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The manager advised there were restrictive practices employed within the home, notably keypad entry systems, stair gates, pressure alarm mats etc. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A policy was in place regarding infection prevention and control (IPC). A review of staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and areas for improvement were identified to comply with standards. It was noted that the radiator in the laundry room was rusted and that the paintwork in the hallway was damaged. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The manager advised new carpet had been laid throughout the home as part of a programme of improvement of the home.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. Review of information in the home and discussion with residents raised the issue of an identified shower in use in the home. This issue was discussed with the registered person, considering the changing needs of residents and the physical layout of the shower an area for improvement was identified so that a risk assessment should be completed regarding the use of the identified shower, any issues identified as a result of the risk assessment should be actioned accordingly.

The home had an up to date fire risk assessment in place dated December 2016. The registered person confirmed all recommendations had been addressed. The registered person was advised to sign off and date when each recommendation had been addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed in July 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and adult safeguarding.

## Areas for improvement

Two areas for improvement were identified during the inspection. These related to the home's environment and to the completion of a risk assessment in regard to the use of a shower with appropriate action to be taken to address any identified risks.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.5 Is care effective?

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

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. falls) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection. These showed the last meeting was held in October 2016. The benefits of regular residents' meetings was discussed with the manager and was identified as an area for improvement to comply with standards.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.



**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

**Areas for improvement**

One area for improvement was identified during the inspection with regard to the frequency of residents’ meetings.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

**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 manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home, for example, local ministers would visit the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment, for example, the activities schedule and daily menu were displayed.

The manager and residents advised that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity.

The manager and staff advised that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them, for example, there was a suggestion box and residents were encouraged and supported to participate in annual reviews of their care etc.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read on a notice board in a central part of the home.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities, for example, arts and crafts activities, going out for short walks and spiritual events. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- “I like it here, they treat you well, everything is well no complaints”
- “The girls are awful good, they are kind and go out of their way to help you”
- “The food is good”
- “I am getting on the best here”
- “They are very good, I can’t really complain”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**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**

The manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of information displayed around the home and on residents’ bedroom doors. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. Review of the complaints

records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events showed two occasions that notifiable events had not been reported to RQIA. This was identified as an area for improvement to comply with the regulations.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, staff had completed training in person centred care.

There was evidence of managerial staff being provided with additional training, for example, the manager was supported to complete QCF level 5 qualification in management.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home through frequent visits to the home and regular updates.

Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that management would offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of complaints and maintaining good working relationships.

## Areas for improvement

One area for improvement was identified during the inspection in relation to the reporting of notifiable events.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rhonda Henry, manager and Samuel Derek Robinson Wallace, Registered 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 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.

### 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 DHSSPS Residential Care Homes Minimum Standards, August 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30.(1)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2017	The registered person shall ensure notifiable events are reported to RQIA in accordance with current guidance.  <b>Ref:</b> 6.7  <b>Response by registered person detailing the actions taken:</b> This is currently being done.
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 17 December 2017	The registered person shall ensure the following: <ul style="list-style-type: none"> <li>• the radiator in the laundry room is either repaired and painted or replaced</li> <li>• the paintwork in the hall area is renewed</li> </ul> <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> This has been done.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28.5  <b>Stated:</b> First time  <b>To be completed by:</b> 17 December 2017	The registered person shall ensure that a risk assessment regarding the use of the identified shower is undertaken; any significant findings as a result of the risk assessment should be actioned accordingly.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> The owner is currently looking into this.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 1.2  <b>Stated:</b> First time  <b>To be completed by:</b> 17 November 2017	The registered person shall ensure that residents' meetings are held frequently. <b>Ref:</b> 6.5  <b>Response by registered person detailing the actions taken:</b> Residents meetings to be held more often.



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