



Unannounced Care Inspection Report 20 May 2019



Victoria House

Type of Service: Residential Care Home
Address: 22 Moneyleck Road, Rasharkin BT44 8QB
Tel No: 028 2957 1423
Inspectors: Marie-Claire Quinn and Judith Taylor

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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)

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 11 residents aged 65 years and over and/or living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Victoria House Responsible Individual: Samuel Derek Robinson Wallace	Registered Manager and date registered: Rhonda Henry Registration pending
Person in charge at the time of inspection: Anne-Marie McGuigan, Senior Care Assistant Rhonda Henry and Samuel Derek Robinson Wallace later joined the inspection	Number of registered places: 11 In addition, the home is registered to provide day care only to one individual living with dementia. However this is not currently in use.
Categories of care: Residential Care (RC) I - Old age not falling within any other category LD - Learning Disability	Total number of residents in the residential care home on the day of this inspection: 10

4.0 Inspection summary

An unannounced inspection took place on 20 May 2019 from 09.55 to 15.50 hours. This inspection was undertaken by care and pharmacist inspectors.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care and medicines management inspections and 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 the homely environment, staffing, catering arrangements and the relationships and rapport between residents and staff. In relation to medicines management, evidence of good practice was found in the safe storage of medicines, the management of controlled drugs and the administration of medicines.

Areas requiring improvement were identified in relation to safe and healthy working practices, care plans, written records of consent, the home's adult safeguarding policy, completion of the annual quality review report and in relation to the management of warfarin. Two areas for improvement have been stated again regarding the recording of distressed reactions for the third and final time and the completion of personal medication records for a second time.

Residents described living in the home as being a good experience. Residents unable to clearly express their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, one visiting professional and staff during the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*8

*The total number of areas for improvement includes one which has been stated for a third and final time and one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with 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 inspection dated 4 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 4 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings including medicines management issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Easy read questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. One resident responded and confirmed that they felt safe, that staff are kind, that their care is good and that the home was well organised.

A poster was provided for staff detailing how they could complete an electronic questionnaire; however, no responses were received within the allocated time frame of two weeks.

During the inspection a sample of records was examined which included:

- staff duty rotas from 20 May to 2 June 2019
- training records of staff
- one staff recruitment and induction record
- the care records of residents
- legionella risk assessment recommendations dated 10 December 2018
- cleaning and disinfection certificate 18 April 2019
- visitors book
- activities schedule
- RQIA certificate
- minutes of staff meeting 27 September 2018 and 4 April 2019
- the home's Adult Safeguarding policy
- staff supervision schedule
- medication induction training matrix
- competency and capability assessment for one staff
- personal medication records
- medication administration records
- records of incoming medicines
- policies and procedures
- management of distressed reactions
- management of pain
- management of warfarin
- medicine audit records
- controlled drugs records

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 outstanding areas for improvement from the last care and medicines management inspection

Areas of improvement identified at the last care inspection have been reviewed. All three areas for improvement were met.

Areas of improvement identified at the last medicines management inspection have been reviewed. Of the total number of areas for improvement three were met. Two areas of improvement were not met and have been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

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

Staffing levels on the day of inspection appeared adequate. Staff were observed to promptly respond to call bells and when residents requested support. For instance, one resident stated she hadn't got her morning cup of tea, and this was immediately provided. Discussion with residents confirmed they felt there were always enough staff available when required:

- "Sure, we don't have to move, we get all done for us!"
- "I only ring the call bell when I need to; staff come in a minute."

Both staff and the manager highlighted that it could be difficult to retain night staff, particularly at the weekend. The home does not use agency staff, and the manager covers those shifts if other care staff are unavailable. The home has recently recruited additional night staff and it is hoped they will start soon. Staff reported:

- "I think there is enough staff here, as it's a small enough home."
- "It's a good wee home. Nothing flashy, but it's safe and residents are well looked after."

An area of improvement had been made at the last care inspection regarding staff recruitment practices. Review of the recruitment record of one new member of staff confirmed that the required changes were implemented into practice. Records contained information on AccessNI records and staff professional registration with Northern Ireland Social Care Council (NISCC). The home had also updated their health self-certificate questionnaire which must also be submitted before an offer of employment is made. This area for improvement has therefore been met.

Staff presented as motivated regarding training:

- "My training is all up to date, it's important to be organised."
- "I can do my online training at night time when I have spare time and you always get notice when there's face to face training on. It's arranged in the evenings to suit everyone."
- "I've had enough training (to do the job) and there's always a senior on - you learn something new every day here!"

Discussion with staff and information displayed in the home identified that mandatory fire training was planned for later this month, as well as additional training such as diabetes awareness and communication. The manager gave an overview of the training system in the home, which tracks which training is completed or overdue. The manager reported that she reviews this system on a minimum fortnightly basis to ensure staff compliance. The inspector was shown the training matrix for two senior care assistants, which were in date. However, due to technical issues on the day of inspection further records could not be examined in detail. This may be reviewed at future inspections.

Staff confirmed that they had supervision every six months; however, we were unable to confirm this in records on the day of the inspection. The manager confirmed the dates of staff supervision and annual appraisal following the inspection.

Some staff did state that they had requested refresher training regarding medicines management. This should be reviewed as part of staff annual competency and capability assessments. However, on the day of inspection, the manager was unable to locate this assessment schedule. Documentation forwarded to RQIA following the inspection confirmed that staff had completed medication training in January 2019.

The home was warm and cosy and several residents were enjoying relaxing in the lounge when we arrived. Bedrooms were clean and tidy and personalised depending on the wishes of the resident, including their photograph and name on the bedroom door. The signs on the bedroom doors were decorated in accordance with the resident's personality and interests. In addition, toilets and bathrooms were appropriately signed with written and pictorial information.

There had been a blockage in the toilets over the weekend, which the registered provider had addressed; but as a result, the sink in the upstairs bathroom needed some repair. It was noted that the pull cords in the bathrooms did not have a wipe able sheath and the toilet roll cover in the downstairs shower room was cracked; this meant that neither item could be effectively cleaned. We discussed how these areas could be addressed to further improve infection prevention and control management in the home. Additionally, we had noted that the visitor's book had not been signed since 21 April 2019. This was discussed with the manager who confirmed that the home had visitors more frequently than this; however, staff did not always ensure visitors signed in. The manager agreed on the importance of this in terms of effective health and safety procedures. An area of improvement has been made regarding this.

At the last care inspection, an area of improvement had been made regarding the home's legionella risk assessment. The responsible individual provided documents to confirm the recommendations from the 2018 legionella risk assessment had been actioned. Discussion with the responsible individual provided further assurances that these systems were reviewed as required to ensure continued adherence to standards. This area for improvement has therefore been met.

Medicines Management

The following areas were examined during the inspection and were found to be satisfactory:

- staff training and competency
- admission process with regards to medicines management
- management of medication incidents
- ordering and receipt of medicines
- the administration of medicines
- management of controlled drugs
- management of antibiotics
- management of pain
- storage of medicines

The management of medicines prescribed on a “when required” basis for distressed reactions was examined, as this had been stated as an area of improvement during the last medicines management inspection on 19 April 2018. The records indicated that when administered, the reason for and outcome of the administration, were not recorded. It was concluded that there had been a misunderstanding regarding what records were expected. This was discussed and advice given. The manager assured us she would implement a separate chart to record details of the administration and include a running stock balance of the medicine to assist with audit and monitor frequency. The area for improvement has been stated for a third and final time. We were advised that the residents would often request the medicine; one resident was being administered the medicine regularly. We received information following the inspection that this had been reviewed by the prescriber and the medicine was no longer prescribed on a “when required” basis.

Another area of improvement had been made at the last medicines management inspection in relation to the writing and updating of personal medication records. Whilst it was acknowledged that two staff had occasionally completed this process and both had signed the record, there was no evidence that this was part of routine practice. The manager advised that this was the expected practice and further training would be provided. The area for improvement was stated for a second time.

We reviewed the systems in place to ensure that all prescribed medicines are available for administration as prescribed. This had been stated as an area of improvement at the last medications management inspection. The manager advised of the processes to ensure residents had a continuous supply of their medicines. The sample of administration records examined indicated that medicines were available for administration. This area for improvement has been met.

Another area for improvement we reviewed was in relation to the systems in place to ensure that prescribed medicines are verified with the prescriber for every admission. We reviewed the admission process regarding medicines for one resident. There was evidence that written confirmation of the resident’s medicine regime had been obtained at admission. The manager confirmed that this was also verified with the resident’s general practitioner. She assured that this was the process for all new residents.

We reviewed the management of high risk medicines e.g. warfarin. Details of the dosage regime were telephoned to the home and received by one member of staff. Written confirmation of the warfarin dosage regime should be obtained and/or two staff should hear the telephoned conversation. Any transcribing of dosage regimes should involve two staff and a running stock balance for warfarin should be maintained. The management of warfarin should be reviewed to ensure that robust arrangements are in place. Advice was given and an area for improvement was made.

On occasion, medicines were issued to residents going on temporary leave from the home. Records clearly stated when this occurred. It was agreed that a signature for the transfer of the medicines from the resident/resident’s representative would be obtained on each occasion.

The manager advised that she had reviewed the policies and procedures for the home in the last year. In relation to medicines, these should include an up to date procedure for the management of warfarin. We also advised that the date of review should be recorded on their policies. The manager advised that this would be addressed from the day of the inspection onwards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and the friendly relaxed atmosphere in the home.

Areas for improvement

Two new areas for improvement were identified in this domain in relation to safe and healthy working practices and the management of warfarin.

Two areas for improvement have been stated again; one area regarding the management of medicines for distressed reactions has been stated for the third and final time and one regarding the updating of personal medication records has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	2

6.4 Is care effective?

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

Residents presented as calm, comfortable and relaxed in their surroundings. Residents were bright and alert, and some enjoyed engaging in joking and laughing with staff and the inspectors. Residents were positive about their experiences living in the home:

- “We are all very happy here.”
- “I enjoy it here.”
- “The staff are nice, they help me keep my room tidy.”
- “I’ve been here seven years, if I didn’t like it I’d go somewhere else!”

A visiting district nurse advised the inspector: “We never have any worries about Victoria House. All the residents are happy and healthy. The staff are great at communicating with us; they contact us with any queries.”

Staff were positive about the quality of care delivered in the home: “The residents get spoilt here! They have all they need!” Staff reported there was good communication between staff and management to ensure residents’ needs are met: “There’s a handover before each shift and the person in charge gives a report and general update.”

Care records included evidence of annual care reviews being completed with residents, relatives and relevant multi-agency professionals. Feedback during these reviews was positive about the quality of care being provided in the home.

An area of improvement had been identified at the last care inspection, regarding the care plan for one resident with additional health needs. Review of this care plan confirmed that this now included additional information on the resident’s needs in relation to this, as well as how staff can best support the resident to manage this condition. This area for improvement has therefore been met.

We had made an area of improvement at the last medicines management inspection regarding care plans for the use of medicines for the management of pain and distressed reactions. There was evidence that these care plans had been developed. In addition, protocols detailing the prescribing and administration of pain relieving medicines and medicines prescribed for distressed reactions had been developed and implemented. This area for improvement was met.

However, we felt that overall, care plans required more detail to assist the staff in the care of the residents. Discussion with staff confirmed that they were knowledgeable about the individual needs of residents in the home. Staff were able to identify residents' specific needs and describe how they responded to comfort and support them when they were in pain or in distress; however, this level of detail was not reflected in care records. We discussed the importance of sufficient detail being captured in written documentation to ensure that all staff have the necessary information about residents' needs to ensure these are being met. This has been stated as an area of improvement.

The dining room was clean, tidy and decorated in a homely fashion. Tables were set for the lunch time meal, with cutlery, condiments, place mats and a small vase of silk flowers. The day's menu was displayed, listing the main meal and dessert provided for lunch and dinner.

Residents were positive about the food provided in the home:

- "Sometimes I get too much (food) and there's things I don't like, but the staff just make sure to give me something else."
- "I get all my meals brought up to me here (in their bedroom)."

The cook presented as enthusiastic and motivated to provide healthy, nutritious and appetizing meals to residents: "I'm always trying to find ways to get the residents to eat more vegetables! They get simple, plain food, all cooked from scratch." The cook was also able to detail residents' individual preferences and how this is accommodated. Catering staff also reported good communication and team work in the home, discussing the shared learning from recent continence management training, so that some residents now receive decaffeinated drinks as per their care plans.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the catering arrangements and the communication and relationships between residents, staff and professionals.

Areas for improvement

One area for improvement was identified within this domain regarding the level of detail in care plans.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

Staff were observed to be polite, kind and courteous in their interactions with residents. Staff stated, "I've family in nursing homes, this is more homely. It's their (resident's) home. Staff are lovely to everyone, we're all like a family." Residents stated, "Staff are very good to us – they are all the same, all very nice."

Discussion with staff confirmed that residents have a choice and are included in making decisions about their lives:

- "Residents choose when to get up, or when to have a lie in."
- "Some residents have a certain time they like to go to bed."

Some care records contained written records for consent which had been signed by the resident and/or relative. This included agreement on any practices which may restrict residents' choice and control, to ensure that people feel respected, included and involved in their care. However, this was inconsistent and so has been stated as an area for improvement.

There were several photos showing residents enjoying a range of activities in the home, such as birthday parties, Easter celebrations, 'Creative Wednesdays', gardening, knitting and arts and crafts. An activities schedule was also displayed, listing events such as film nights, planting sunflowers, hairdressing and nail and hand therapy. Residents talked about the television programmes they watched and enjoyed and how they liked to spend their days in the home:

- "We get up in the morning and get our breakfast."
- "We like to watch the television in the morning."
- "After lunch, the staff have amusements or entertainment for us."

Staff presented with a commitment to supporting the residents' social, recreational and spiritual needs. For instance, one care worker comes in to take one resident to church with them, even though this is their day off. Other members of staff were visiting the home on the day of inspection, to have a chat and a cup of tea with the residents, who enjoyed the company.

The home made good use of notice boards to make a range of relevant information easily accessible and available to residents and their families. This included information on advocacy services, Age NI, Patient and Client Council, Public Health Agency and RQIA.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the provision of activities.

Areas for improvement

One area for improvement was identified within this domain in relation to retaining written records of consent.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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 was on annual leave on the day of inspection and chose to join the inspection to support staff. The manager is not yet registered with RQIA as she has yet to complete the required qualifications. We discussed the manager's ongoing QCF level 5 qualifications and she is aware of the need to complete this in a timely manner.

Staff advised that management were available and accessible. Staff described good working relationships in the home;

- "I'm happy working here, it's a small, homely place."
- "I love it here. There's a good structure and team work with other staff."

Residents and their relatives were provided with opportunities to express their views about the home. The home's complaints policy and procedure was displayed throughout the home and thank you cards from relatives were also on display. Further feedback was encouraged through the use of a suggestions box, although residents were also encouraged to speak to staff and management with any issues or suggestions. Feedback questionnaires were completed in October 2018 and were made available to residents and their relatives. Although the home had collected feedback from residents and their relatives, this had yet to be collated into their Annual Quality Review report. This has therefore been stated as an area of improvement.

The registered manager advised that the home retains a range of policies and procedures, several of which were recently updated. Review of the home's Adult Safeguarding policy was unsatisfactory as it was not specific to regional legislation and policy. In addition, this document was not dated to confirm when it was created and reviewed. This has therefore been stated as an area for improvement.

Discussion with staff confirmed they had a good knowledge and understanding of their whistleblowing policy and procedure. Shared learning was evidenced in review of the minutes of a staff meeting, where staff were reminded of their responsibility to maintain up to date registration with NISCC. We also discussed ways for the manager to improve her current system to continue to monitor this.

There was evidence of the auditing processes regarding medicines management. As not all areas of the QIP had been addressed effectively, it was suggested that the QIP should form part of the auditing and monitoring systems for the home. The manager agreed to implement this.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships and providing residents and their relatives with a range of opportunities to provide feedback.

Areas for improvement

Two areas for improvement were identified within this domain in relation to ensuring the home's adult safeguarding policy is updated and the completion of the annual quality review report.

	Regulations	Standards
Total number of areas for improvement	0	2

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, 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 QIP 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.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 10 Stated: Third and final time To be completed by: 20 June 2019	<p>The reason for and the outcome of the administration of medicines prescribed for use “when required” for distressed reactions should be recorded on every occasion.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All staff are now recording medication when being used for PRN medication.</p>
Area for improvement 2 Ref: Standard 31 Stated: Second time To be completed by: 20 June 2019	<p>The registered person shall ensure that personal medication records and any new entries are updated and verified by two members of staff to ensure accuracy in transcription.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All new entries are now being signed and verified by two members of staff .</p>
Area for improvement 3 Ref: Standard 30 Stated: First time To be completed by: 20 June 2019	<p>The registered person shall review the management of warfarin.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: This is now reviewed and all staff are aware of new policy and procedures.</p>
Area for improvement 4 Ref: Standard 28.1 Stated: First time To be completed by: 20 July 2019	<p>The registered person shall ensure that Health and Safety procedures comply with legislation and cover:</p> <ul style="list-style-type: none"> • working practices that are safe and without risk to health or welfare • the maintenance of a safe and healthy work environment <p>This is specifically in relation to ensuring the sink is repaired, that the toilet roll cover is repaired or removed, the provision of wipeable sheaths to cover lighting pull cords and that staff ensure that any visitors to the home sign in and out of the home.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All repairs are now done and are safe for all concerned residents and staff. Staff have been prompting visitors to sign in and out of the home.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 10.3</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2019</p>	<p>The registered person shall ensure that residents' care plans contain detailed information to direct the care of the resident, including the management of pain and distressed reactions.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This has been updated in all care plans .</p>
<p>Area for improvement 6</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2019</p>	<p>The registered person shall ensure that completed written consent forms, where used, are maintained within individual care records. If a resident or their representative is unable to, or declines to sign, this should also be recorded.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All care plans are written in by residents and if unable to do so a representative has signed.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2019</p>	<p>The registered person shall ensure that the Adult Safeguarding policy is reviewed in accordance with the regional policy and procedure. This policy should be dated when issued and reviewed.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Adult Safeguarding Policy has been updated to regional policy dated and when issued reviewed yearly .</p>
<p>Area for improvement 8</p> <p>Ref: Standard 1.7</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2020</p>	<p>The registered person shall ensure that when the annual quality review report is prepared, it identifies the methods used to obtain the view and opinions of residents and their representatives. The report should also incorporate the comments made, issues raised and any actions to be taken for improvement.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: In the next annual quality review report all comments made or issues raised will be taken into account to ensure it identifies the views and opinions of residents or their representatives.</p>

**Please ensure this document is completed in full and returned via Web Portal*



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