

# Unannounced Care Inspection Report

## 23 May 2017



## Victoria House

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

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Victoria House took place on 23 May 2017 from 10.45 to 18.15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

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

One recommendation was made in regard to ensuring all staff members participate in a fire drill at least once per annum.

### Is care effective?

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

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found throughout the inspection in relation to management of incidents, quality improvement and maintaining good working relationships.

One recommendation was made in regard to the recording of complaints information.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rhonda Henry, assistant manager, as part of the inspection process. Mr Samuel Derek Robinson Wallace registered manager/ provider was present for part of the inspection and feedback.

The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 29 November 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Samuel Derek Robinson Wallace	<b>Registered manager:</b> Mr Samuel Derek Robinson Wallace
<b>Person in charge of the home at the time of inspection:</b> Rhonda Henry (assistant manager)	<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

## 3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with eight residents, three care staff, one domestic staff, two visitors/representatives, the assistant manager and the registered manager / provider.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings / representatives' / other
- 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
- Information regarding independent advocacy services
- Sample of policies and procedures

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Two questionnaires were returned within the requested timescale.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 29 November 2016

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

#### 4.2 Review of requirements and recommendations from the last care inspection dated 29 November 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 27.(2) <b>Stated:</b> First time	The registered provider must ensure the nurse call system is fully working in the identified bathroom.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the assistant manager and inspection of the identified nurse call system confirmed it was working accordingly.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	The registered provider should ensure that a falls risk assessment is completed for the identified resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the assistant manager and inspection of records confirmed a falls risk assessment had been completed accordingly.	
<b>Recommendation 2</b> <b>Ref:</b> Standard11.1	The registered provider should request a care review for the identified resident.	<b>Met</b>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> Discussion with the assistant manager and review of information in the home confirmed the care review had been completed.	
<b>Recommendation 3</b> <b>Ref:</b> Standard20.10 <b>Stated:</b> First time	The registered provider should ensure a monthly audit is completed to monitor the accidents and incidents in the home; any patterns identified should be actioned accordingly.  <b>Action taken as confirmed during the inspection:</b> Discussion with the assistant manager and review of records in the home showed accidents and incidents were being monitored on a monthly basis.	<b>Met</b>
<b>Recommendation 4</b> <b>Ref:</b> Standard 24.3 <b>Stated:</b> Second time	The registered provider should ensure a schedule for annual staff appraisals and staff supervision is developed and introduced to reflect arrangements around staff supervision and appraisal.  <b>Action taken as confirmed during the inspection:</b> Discussion with the assistant manager and review of records confirmed that a schedule was in place for staff appraisals and supervision.	<b>Met</b>

#### 4.3 Is care safe?

The assistant manager confirmed 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, residents' representatives 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. A schedule for annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The assistant manager and staff confirmed 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 and found to be satisfactory.

Discussion with the assistant manager confirmed that no staff members were recruited since the previous inspection. The benefits of introducing a checklist regarding the gathering of

recruitment information was discussed with the assistant manager who confirmed this would be considered for any future recruitment exercises.

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

The adult safeguarding policy and procedure in place was consistent with the current regional guidance. A safeguarding champion has been established. The assistant manager confirmed that she had attended specific training in relation to the role of the safeguarding champion.

Discussion with staff confirmed that they were aware of the new 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 assistant 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 assistant manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the assistant manager identified that the home did not accommodate any individuals whose assessed needs could not be met. The assistant manager was aware of the need to ensure ongoing assessment and review of resident's needs. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The assistant manager confirmed there were restrictive practices employed within the home, notably a keypad entry system, pressure alarm mats and an intercom monitor system alarm. Discussion with the assistant 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). 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 assistant 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 the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. The assistant manager confirmed plans were in place to improve the internal environment.

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. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 12 December 2016, the registered provider confirmed all recommendations had been addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire training was completed in February 2017 and the most recent fire drill was completed in March 2017. Records were retained of staff who participated and any learning outcomes. The need to ensure all staff members participate in a fire drill at least once per annum was discussed with the assistant manager. A recommendation was made.

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.

Two completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas for improvement

One area for improvement was identified in relation to ensuring all staff members participate in a fire drill at least once per annum.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.4 Is care effective?

Discussion with the assistant 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 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. Discussion with staff confirmed that a person centred approach underpinned practice for example residents are supported with their preferred rising and retiring times.

The assistant manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals for

example monthly monitoring visit reports and the annual quality report reflected the views of residents, representatives and staff.

The assistant manager confirmed 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 assistant manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and two representatives 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.

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. The assistant manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. Information relating to advocacy services was displayed in the home.

Two completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as satisfied.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

The assistant manager confirmed 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 were in place which supported the delivery of compassionate care. Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs were met within the home.

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 information regarding how to make a complaint was displayed throughout the home, the daily menu and planned activities were also displayed.

The assistant manager, residents and their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives 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 and were able to demonstrate how residents' privacy was protected for example by ensuring staff knock before entering residents bedrooms.

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

Discussion with staff, residents, representatives 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 residents' meetings, suggestion box, annual reviews, and annual satisfaction questionnaires.

Residents are 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. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, and their representatives, 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, going out for short walks, and spiritual events.

Arrangements were in place for residents to maintain links with their friends, families and wider community for example on the day of the inspection a representative from a local church mission visited the home and met with residents.

Residents spoken with during the inspection made the following comments:

- "I like it here alright, the food is good no complaints."
- "They are all great girls, you couldn't ask for better. It's a great place for anyone that's not well you know, probably better than the hospital."
- "I love it here, they are all very good. Everything is running well, no issues."
- "I am here eleven years you know, I have all that I need. Food is good, I like to go out for a walk I can do that, staff are always about."

Comments received from representatives spoken with during the inspection included:

- "The care is really excellent; it's very homely all the staff are very good. They really care."
- "Any time we are here (relative) is always well presented as are all the residents. It is like home from home. There are always activities going on, it helps keep their minds active."

Two completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

The assistant 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. Discussion with the assistant manager focused around the categories of care for which the home was registered and the conditions in place regarding the registration of the home. The assistant manager confirmed she was aware of the need to ensure resident's needs were consistently monitored and reviewed as necessary.

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. Policies and procedures were systematically reviewed in 2016.

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 information was also displayed in resident's bedrooms. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records showed all relevant information relating to the outcome and residents level of satisfaction with the complaint was not recorded. The need to ensure this information was recorded on complaints records was discussed with the assistant manager. A recommendation was made.

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 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The assistant manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example dementia awareness.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training for example the assistant manager was supported to complete QCF level 5 qualification relating to adult 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 registered provider confirmed that he 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 RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the assistant manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The assistant 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 assistant manager confirmed that staff could also access line management to raise concerns and they will 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.

Two completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of the service as satisfied.

### **Areas for improvement**

One area for improvement was identified during the inspection in relation to the completion of complaints records.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rhonda Henry, assistant manager, and Samuel Derek Robinson Wallace registered manager / provider as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

Recommendations	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 29.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2017</p>	<p>The registered provider should ensure all staff members participate in a fire drill at least once per annum.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> This has currently been done.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2017</p>	<p>The registered provider should ensure complainants level of satisfaction with the outcome is recorded following any complaints investigation.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> This has been done previously and will continue to be done.</p>

*\*Please ensure this document is completed in full and returned via web portal*



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