



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment and ID: Victoria House (1319)
Date of Inspection: 28 October 2014
Inspector's Name: Bronagh Duggan
Inspection ID: IN017335

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

Name of Establishment:	Victoria House (1319)
Address:	22 Moneyleck Road Rasharkin BT44 8QB
Telephone Number:	0282957 1423
Email Address:	info@victoriaph.com
Registered Organisation/ Registered Provider:	Victoria House
Registered Manager:	Samuel Derek Robinson Wallace
Person in Charge of the Home at the Time of Inspection:	Mr Samuel Derek Robinson Wallace on arrival, Mrs Rhonda Henry was in charge at the conclusion of the inspection.
Categories of Care:	RC-I, RC-DE, RC-LD.
Number of Registered Places:	11
Number of Residents Accommodated on Day of Inspection:	9
Scale of Charges (Per Week):	Trust Rates
Date and Type of Previous Inspection:	17 September 2013 Primary Announced Inspection
Date and Time of Inspection:	28 October 2014 10:00am-6:30pm
Name of Inspector:	Bronagh Duggan

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 a primary announced 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 inspection was to ensure that the service was 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

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered provider / manager
- Discussions with the deputy manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	9
Staff	2
Relatives	2
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	10	2

6.0 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 Standards:

- **Standard 10 - Responding to Residents' Behaviour**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of residents' human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not Applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to Become Compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not Compliant	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.
3 – Moving Towards Compliance	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.
4 - Substantially Compliant	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.
5 - Compliant	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.

7.0 Profile of Service

Victoria House Residential Care home is situated beside the main street in the village of Rasharkin. The building is a two storey detached house which was previously a private dwelling.

The residential home is owned and operated by Mr Samuel Derek Robinson Wallace who is also the registered manager.

The home provided accommodation for up to 11 residents. Accommodation for residents is provided in seven single bedrooms and two double bedrooms. Bedrooms are located on both the ground and first floor. Access to the first floor is via a stair lift and stairs.

Internally, the home provides both a large and a small lounge on the ground floor, a smaller sitting area upstairs, kitchen, dining room, laundry and a range of bathroom facilities with aids and adaptations to suit individuals.

There are extensive gardens to the side and rear of the property, laid out in lawns and shrubs. There is a large car park to the side of the home, providing adequate space for visitors and staff.

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
DE	Dementia
LD	Learning Disability

Day care

As outlined in the condition of registration this residential care home is registered to provide day care services to one resident.

8.0 Summary of Inspection

This primary announced care inspection of Victoria House was undertaken by Bronagh Duggan on 28 October 2014 between the hours of 10:00am – 6:30pm. Mr Robinson Wallace was available during much of the inspection, verbal feedback at the conclusion of the inspection was given to Mrs Rhonda Henry Assistant Manager.

The requirements made as a result of the previous inspection were also examined. Review of documentation, and observations and discussions demonstrated that the new template is currently being used for care reviews, the homes policy and procedure on protection of vulnerable adults has been amended, and all staff completed refresher training on the protection of vulnerable adults. A current fire safety risk assessment was available in the home; all doors were closed as necessary during the inspection. The home was compliant with five requirements made during the previous inspection. Two requirements have been repeated for the second time these relate to the handling of Access NI information and the completion of monthly monitoring visits by the registered

provider. The detail of the actions taken by the registered provider Mr Wallace can be viewed in the section following this summary.

Prior to the inspection on 28 October 2014 Mrs Henry Assistant Manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Henry in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, and spoke with two representatives via telephone. The inspector also discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

8.1 Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which referenced guidance in relation to restraint, seclusion and human rights. A recommendation has been made that the policy and procedure is developed further to reflect the need for Trust involvement in managing behaviours which challenge when required, and also state that RQIA must be notified on each occasion restraint is used. The policy and procedure should be made specific to Victoria House as much of the information contained in the policy related to a care provider in England.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. However it was noted that care staff had last received training in behaviours which challenge in 2011. This was discussed with the assistant manager who informed the inspector that the home had been unable to access recent training. A recommendation has been made that staff in the home receive training in responding to challenging behaviours as soon as practicable, this training should be completed annually in keeping with RQIA Guidance on Mandatory Training 2012.

The home had a key pad system on the front door, the registered manager informed the inspector that two residents know the code and can enter and leave the home independently. A recommendation has been made that the use of this system is reviewed taking into consideration the needs and preferences of all residents in the home. During the inspection, it was noted that one resident was found to be using a hospital bed which included bedrails. The bedrails were noted to be in the up position during the inspection. There was no evidence of a risk assessment being carried out for the use of bedrails. The use of bedrails was not included in the residents care plan, or reflected in the residents most recent care review. A requirement has been made that a comprehensive risk assessment is carried out in relation to the use of the bedrails for the identified resident. This information should be included in the residents care plan.

Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The assistant manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in decisions affecting their care. The evidence gathered through the inspection process concluded that Victoria House was moving towards compliance with this standard.

8.2 Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. A recommendation has been made that this is reviewed and developed further to reflect criteria outlined in the Residential Care Home Minimum Standards 2011. There were no records available to the inspector to show residents contributed to or were involved in the development of the programme of activities. A recommendation has been made that residents are given the opportunity to make suggestions and become more involved in the development of the programme of activities. A further recommendation has also been made that the home holds regular residents meetings to ensure residents are given the opportunity to contribute to and discuss issues in the home.

Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. A selection of materials and resources were available for use during activity sessions. There are no outside agencies contracted into the home to provide activities. Appropriate records of activities participated in were generally maintained. The evidence gathered through the inspection process concluded that Victoria House is moving towards compliance with this standard.

8.3 Resident, Representatives, and Staff Consultation

During the course of the inspection the inspector met with residents, spoke with two representatives via telephone, and spoke with two staff on duty. Questionnaires were also completed and returned by staff.

In discussions with residents they 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. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

8.4 Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

8.5 Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be fit for purpose; residents bedrooms were homely and personalised.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

One requirement and seven recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, assistant manager, registered manager / provider and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 17 September 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 11 .3	The template devised by the home should be used to present information at reviews.	The new template is currently being used at care reviews.	Compliant
2	Standard 16.1	N I relevant protocols should be included in the Vulnerable Adults policy.	The vulnerable adult's policy has been reviewed to include relevant protocols.	Compliant
3	Standard 16.9	Refresher training for staff in the protection of vulnerable adults should be provided annually.	All staff had completed up to date training in the protection of vulnerable adults.	Compliant
4	Standard 19 .3	Advice should be sought from Access N I and implemented in respect of the storage of details of staff security checks.	<p>This information has been sought, certificate codes were recorded. The need to handle the remaining information in accordance with Access NI procedures was discussed with the deputy manager.</p> <p>This requirement has been reiterated.</p>	Moving towards compliance
5	Regulation 29 and "Additional Areas" of this report	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.	<p>Records of the monthly monitoring visits were reviewed, advice regarding the development of a detailed template was given to the registered person.</p> <p>This requirement has been reiterated.</p>	Moving towards compliance

6	Regulation 27 4 (a)	A fire risk assessment in line with HTM84 should be undertaken of the home.	A fire risk assessment in line with HTM84 was completed for the home on 24 September 2014.	Compliant
7	Regulation 27 4 (b)	Doors should not be wedged open at any time.	All doors were managed appropriately during the inspection.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
All staff are aware of each individual's usual conduct, behaviour and communication as this is stated in their care files and communicated by handover and meetings if necessary, and recorded to make sure all staff are aware of the needs of the individual.	Compliant
Inspection Findings:	
<p>The home had a policy and procedure in place titled Dealing with Challenging Behaviours in a Care Home Environment, and The management of people with dementia. A review of the policy and procedure identified that the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005), and information relating to the Human Rights Act (1998) were appended to the policy.</p> <p>A recommendation has been made that the policy and procedure is developed further and stipulate the need for Trust involvement in managing behaviours which challenge when required, and also state that RQIA must be notified on each occasion restraint is used. The policy and procedure should be made specific to Victoria House as much of the information contained in the policy related to a care provider in England.</p> <p>Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that care staff had last received training in behaviours which challenge in 2011. This was discussed with the assistant manager who informed the inspector that the home had been unable to access recent training. A recommendation has been made that staff in the home receive training in responding to challenging behaviours as soon as practicable, this training should be completed annually in keeping with RQIA Guidance on Mandatory Training 2012.</p>	Moving towards compliance

<p>A review of two residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>All staff are made aware of the protocol if any change causes concern and appropriate people to notify if any unusual behaviour arises.</p>	Compliant
<p>Inspection Findings:</p> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Two care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussions with relatives confirmed that they had been informed appropriately.</p>	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>All precautions are taken care of when dealing with the individual at all times, and details are noted in the care plan and updated when required, resident is notified of their care at all times, and other representatives is informed of all actions to be taken .</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of two care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Resident's representatives were informed when appropriate.</p>	Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If we had a behaviour management programme, this would be approved by the appropriate people such as Care Manager, RQIA, HSC and some cases the Police.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The assistant manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not Applicable

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment Staff would get appropriate training, guidance and support, if and when required.</p>	Compliant
<p>Inspection Findings: Staff confirmed during discussions that they felt supported and this support ranged from supervision, de-brief sessions, and staff meetings. The inspector is satisfied having spoken with staff members that if a behaviour management plan was in place, staff would have the necessary skills to implement the plan.</p>	Compliant
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment Recording and reporting is necessary at all times when dealing with any issue, and to appropriate people when necessary, and if necessary by a multi-disciplinary review of the resident's care plan.</p>	Compliant
<p>Inspection Findings: A review of the accident and incident records and discussions with staff identified that no incidents had occurred outside of the scope of a resident's care plan. Staff confirmed during discussions that if any incident was managed outside the scope of a resident's care plan, this would be recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services.</p>	Compliant

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment If restraint is used , it has to be used to the policy and procedures in the care home also by legislation and the law.</p>	Compliant
<p>Inspection Findings: The home had a key pad system on the front door, the registered manager informed the inspector that two residents know the code and can enter and leave the home independently. Residents spoken with confirmed this. A recommendation has been made that the use of this system is reviewed taking into consideration the needs and preferences of all residents in the home through a process of individual risk assessment. During the inspection, it was noted that one resident was found to be using a hospital bed which included bedrails. The bedrails were noted to be in the up position during the inspection. There was no evidence of a risk assessment being carried out for the use of bedrails. The use of the rails were not included in the residents care plan, this information was also not stated on the residents most recent care review. A requirement has been made that a comprehensive risk assessment is carried out in relation to the use of the bedrails for the identified resident. This information should be included in the residents care plan.</p>	Moving towards compliance

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Provider to complete
---	---

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Moving towards compliance
--	--

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
We always have a programme that suits each and every individual, and it is their choice if they wish to join in certain activities, we have a notice board which tells the resident what is on the incoming week.	Compliant
Inspection Findings:	
<p>The home had a policy on the provision of activities. A recommendation has been made that this is reviewed and developed further to reflect criteria outlined in the Residential Care Home Minimum Standards 2011. A review of two care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p>	Substantially Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>This is currently being done, to accomodate the residents changing needs, and altered to suit all individual's needs.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Examination of the programme of activities identified that social activities are organised five times each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis</p>	Compliant
<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>All residents are given the choice to be involved in any activities that are being arranged.</p>	Compliant
<p>Inspection Findings:</p>	
<p>During the inspection there were no records available to show residents contributed to or were involved in the development of the programme of activities. A recommendation has been made that residents are given the opportunity to make suggestions and become more involved in the development of the programme of activities. A further recommendation has been made that the home holds regular residents meetings to ensure residents are given the opportunity to contribute to and discuss issues in the home.</p> <p>It was noted that the home had issued a questionnaire to residents in May 2014 to gather their views about their experiences in the home. The feedback of which reflected positively on the care provided.</p>	Moving towards compliance

<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The programme of activities is displayed in the hallway for all residents and their representatives to see. If required in a different format this would be done to suit all individuals needs.</p>	Compliant
<p>Inspection Findings:</p>	
<p>On the day of the inspection the programme of activities was on display on a notice board in the hallway. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in a weekly format to meet the residents' needs.</p>	Compliant
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>To anticipate for all individuals, we would make sure that all equipment, aids and support would be to ensure that all resident's could enjoy the activities.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Activities are provided each week by designated care staff. The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included board games, knitting materials, daily newspapers, books, and arts and crafts materials.</p>	Compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>This is carefully planned to ensure that each activity has a reasonable time for the resident to enjoy the activity, and to feel exhilarated, not exhausted.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The care staff, assistant manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>we have never had a person contracted to come in to do activities, prefer to do our own.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The assistant manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.</p>	Not Applicable

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>This does not apply to us, but if it did we would inform them of any changes in the resident's needs, concerning activities.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The assistant manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.</p>	Not Applicable
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Records are kept of all residents, and staff who do activities.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the record of activities identified that records had generally been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p>	Substantially Compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment Programmes is reviewed probably more than twice a year due to change in resident's needs and this is on-going to ensure we give the resident's what they want in activities.</p>	<p>Compliant</p>
<p>Inspection Findings: During the inspection there was no evidence available to indicate that the programme of activities was reviewed on a regular basis, as outlined in 13.3 the programme of activities should be discussed at residents meetings and reviewed regularly.</p>	<p>Not compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Provider to complete</p>
--	---

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Moving towards Compliance</p>
---	--

11.0 Additional Areas Examined

11.1 Residents Consultation

The inspector met with nine residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. 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. No concerns were expressed or indicated.

Comments received included:

“The staff are all great here, I have no complaints”.

“This is a good home, you get all you want”.

“I am very happy here, you can do different things all the time”.

“It’s like home away from home they are all very good here”.

11.2 Relatives/Representative Consultation

Two relatives who spoke with the inspector via telephone indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

“It is very homely, staff are very good, I know there is always someone nearby”

“Staff are lovely and kind, the home has a nice, warm and happy atmosphere care is ten out of ten”.

11.3 Staff Consultation/Questionnaires

The inspector spoke with two care staff and reviewed two completed and returned staff questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident’s behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

“This is a great home, staff are well supported the small number means you have time to spent with residents”.

“Residents have a good range of activities, there is good support from management”.

11.4 Visiting Professionals Consultation

There were no visiting professionals available to meet with the inspector during the inspection.

11.5 Observation of Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Records

While reviewing resident care records it was noted by the inspector that daily records were not always completed on a regular basis to reflect the care delivered to residents. The assistant manager informed the inspector that the omissions were related to settled periods in residents care. A recommendation has been made that records should be completed at least weekly for each resident when no recordable events occur and more frequently as needed.

11.7 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.6 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.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

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

The assistant manager confirmed that lessons learnt from investigations were acted upon.

11.7 Environment

The inspector viewed the home accompanied by the registered manager Mr Robinson Wallace and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were fit for purpose, although some areas of the home had tired and dated décor and furnishings

11.8 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.9 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 24 September 2014.

The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff in June 2014. The records also identified that fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.10 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Rhonda Henry Assistant Manager. Mrs Henry confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Rhonda Henry, 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:

Bronagh Duggan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

Victoria House

28 October 2014

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 Mrs Rhonda Henry assistant manager 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.

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	Standard 19 .3	<p>Advice should be sought from Access NI and implemented in respect of the storage of details of staff security checks.</p> <p>Ref:9:0</p>	Two	Spoke to Access NI and they were happy enough of my storage of details, that I checked details were correct, and noted in their application form, and then destroyed asap.	12 December 2015
2.	Regulation 29	<p>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.</p> <p>Ref:9:0</p>	Two	We have been currently doing this every month, and we have now in place appropriate template for this.	12 December 2015
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> <p>Ref:10</p>	One	Due to the resident's death we do not have bedrails in the home, I thought I had taken necessary precaution to ensure that bedrails were not being used and didn't require a risk assessment but in the future I will make sure of this regardless of being in use or not.	Immediately from date of inspection

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.	10.1	<p>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.</p> <p>Ref: 10</p>	One	This has been done.	21 January 2015
2.	10.1	<p>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.</p> <p>Ref:10</p>	One	This has been done.	21 January 2015
3.	10.7	<p>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.</p> <p>Ref:10</p>	One	This is to be removed in the new year.	21 January 2015

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. Ref: 10	One	The residents are very happy with our activities, we had a resident meeting and the residents were more than happy of what we had planned for our activities, not as happy about physical activities, but would do on an occasion.	21 January 2015
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. Ref:10	One	Residents were more than happy with the way the activities were planned and the choice they were given whether to take part or not to take part, this was discussed at resident's meeting.	21 January 2015
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. Ref:10	One	this is now being done quarterly on the request of the residents, until that time changes and they feel they would like meetings more often.	21 January 2015
7.	8.2	Care records should be completed at least weekly for each resident when no recordable events occur and more frequently as needed. Ref:11.6	One	This is being done.	From date of inspection and ongoing

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:

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

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	23.1.15
Further information requested from provider			