

# Unannounced Care Inspection Report 28 February 2017



## Victoria

**Type of Service: Nursing Home**  
**Address: 22-24 Windsor Park, Belfast, BT9 6FT**  
**Tel no: 028 90 668437**  
**Inspector: Donna Rogan**

## 1.0 Summary

An unannounced inspection of Victoria Nursing Home took place on 28 February 2017 from 10.15 to 14.30 hours.

The inspection sought to seek assurances that the improvements observed during the previous inspection on 13 July 2016 had been sustained and that the six recommendations made during the inspection on 13 July 2016 had been fully addressed.

Two requirements and one recommendation was made following the inspection. The six recommendations made at the previous inspection dated 13 July 2016 were validated as having been addressed.

There was no enforcement action taken as a result of this inspection. Refer to section 4.3 for details of the inspection findings.

This inspection was underpinned by The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Helen Chambers, registered 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.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 13 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Dr. Robert Francis Alistair Lynas Helen Lynas	<b>Registered manager:</b> Helen Frances Chambers
<b>Person in charge of the home at the time of inspection:</b> Genoveffa Di Martino from 10.15 hours Helen Chambers from 12.00 noon	<b>Date manager registered:</b> 20 November 2008
<b>Categories of care:</b> RC-I, NH-I, NH-PH, NH-PH(E), NH-TI Category RC-I for 1 identified individual only.	<b>Number of registered places:</b> 33

## 3.0 Methods/processes

The focus of the inspection was to review the six recommendations made following the previous care inspection conducted on 13 July 2016 and to ensure that the improvements observed during that inspection were sustained. The following was reviewed;

- the management arrangements
- staffing levels
- daily routine
- selection and recruitment
- management of care records
- environment
- staff, patients and relatives views.

Prior to inspection we analysed the following information:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection
- notifications received since July 2016.

The following records were examined during the inspection:

- duty rotas
- complaints
- care records
- selection and recruitment records.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 13 July 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 13 July 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time	The registered persons should ensure that a copy of emails to and from referees should be maintained in the personnel file for those references received electronically.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of one member of staff's recruitment file evidenced that copies of emails sent to and received from referees were maintained within the personnel file.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered persons should ensure that patients personal clothing is maintained in a dignified respectful manner: <ul style="list-style-type: none"> <li>• sufficient wardrobe storage should be available</li> <li>• wardrobes should be tidy and organised to ensure that wardrobe doors closely appropriately</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of patients' bedrooms evidenced that clothing was maintained in a dignified manner. Wardrobes were organised and tidy and doors were closing appropriately. One issue was raised in relation to wardrobes being secured to the walls This was discussed with the maintenance person who agreed to ensure all wardrobes were checked and appropriately secured. A requirement was made in this regard.	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure all staff manages waste in keeping with the home's policies and procedures.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Following discussion with staff and a review of the environment evidenced that waste was being managed in accordance with the home's policies and procedures.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that bedding and towels are segregated from patient's clothing prior to going to the laundry and they should be laundered separately in keeping with regional guidance. A trolley should be provided in keeping with safe moving and handling guidance to assist staff to safely transport laundry baskets throughout the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Clothing was observed to be segregated prior to going to the laundry. New trollies were purchased to enable this process.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that the registered nursing staff team, fully record the date, time and signature/designation in patient care records following review of assessment of need.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of three patient care records evidenced that the date, time, signature and designation of staff was recorded.</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that all records required to be maintained under Legislation are made available for inspection.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> All records requested were made available during the inspection.</p>	<p><b>Met</b></p>

## 4.3 Inspection findings

### 4.3.1 Staffing levels/management arrangements

The registered manager was being supported by an independent consultant. The registered manager stated that this was a most helpful resource. The registered person also visits the home regularly in support of the registered manager. A review of the duty rotas from the week commencing 13 February 2017 to 12 March 2017 evidenced staff levels to be generally well maintained in keeping with the dependency and needs of patients residing in the home. Discussion with staff on duty and information returned in the questionnaires evidenced that staffing levels had been retained. There were no concerns raised during the inspection in relation to staffing levels.

#### Areas for improvement

No areas of improvement were identified.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.3.2 Daily routine/care delivery

The daily routine in the home has recently been reviewed in order to ensure the safety and health and welfare of patients is being met at all times. Regular checks are made of those patients residing in their bedrooms. The information, of when they were tended to or checked, was retained in their care charts. The registered manager stated that supervision has been held with all care staff.

The atmosphere in the home was calm and welcoming, the morning and afternoon routine was organised and patients were being tended to in a timely way. One issue arose regarding the inappropriate moving and handling of one patient. The issue was discussed with the registered manager who confirmed that staff were not adhering to the patient's care plan. A requirement was made that all staff are aware of patients' moving and handling requirements and that the recommendations were strictly adhered to. The registered manager agreed to address this immediately with the two members of staff concerned.

#### Areas for improvement

One requirement is made in relation to the management of moving and handling techniques.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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### 4.3.3 Selection and recruitment

The personnel records of one newly recruited staff member evidenced that all of the legislative information required was in place prior to them commencing employment in the home. They had received a formal induction and felt supported in their role in the home. All records required to be retained in the home were accessible and made available for inspection.

## Areas for improvement

No areas of improvement were identified.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.3.4 Management of care records

Three care records were reviewed. They each contained relevant information and evidenced that they were completed contemporaneously. They were dated and signed by the person completing the record alongside the time of the entry. Supplementary care records were also completed at the time of intervention.

The registered manager confirmed that audits of care records are completed monthly and where deficits are identified, they were amended by the named registered nurse. The registered manager confirmed that on-going issues in relation to care records management are addressed at individual supervision with staff.

All three care records reviewed evidenced that patients' care plans were developed following a period of assessed need. All the care records reviewed were reflective of the care required as described by staff. The records were generally updated accordingly and in a timely way. It was recommended that the identified care record should be updated to include information regarding their nutrition.

## Areas for improvement

A recommendation is made to update one identified care record.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.3.5 Complaints

Complaints were being managed in accordance with DHSSPS guidelines. The complaints policy was displayed in various areas in the home. There were no concerns raised by patients, relatives/patient representatives or staff during the inspection.

## Areas for improvement

No areas of improvement were identified.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.3.6 Environment

A review of the environment found it welcoming and clean and generally well maintained. There was a foul odour identified in one bedroom. Bedrooms were personalised and nicely decorated. Information boards displayed relevant information for visitors/relatives and patients in the home. Relevant health information was also displayed. A carpet was required to be replaced in one identified bedroom. One issue was discussed in relation to wardrobes being secured to the walls with the maintenance person, who agreed to ensure all wardrobes were checked and appropriately secured. A requirement was made in relation to the above.



### Areas for improvement

A requirement is made in relation to replacing an identified carpet and securing wardrobes and addressing a foul odour.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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#### 4.3.7 Staff views

All staff on duty were spoken with by the inspector. All felt staff morale in the home was good and they were satisfied with the staffing arrangements. All stated there were regular staff meetings and they felt included and were kept informed of management decisions in the home. Staff felt that they could approach management with any issues they had. All stated that they had received adequate training for their roles and responsibilities and were knowledgeable regarding patient care.

### Areas for improvement

No areas of improvement were identified.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.3.8 Patients views

Patients spoken with stated they were content and happy in the home. All stated that the food was good and that staff were kind and attentive. They stated that the call bell was usually answered quite quickly and that they were content and felt well cared for.

Eleven patient questionnaires were returned and all expressed satisfaction with the care and services in the home. All stated they were satisfied or very satisfied with the safe, effective and compassionate care and they felt the home was well managed. There were no concerns raised during the inspection.

### Areas for improvement

No areas of improvement were identified.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.3.9 Relatives views

During the course of the inspection the inspector spoke with three relatives/patient representatives. All spoke highly of care in the home and commended staff regarding their work ethic and compassion. Relatives also stated that they felt they were kept well informed of their loved ones conditions. They felt staff communicated with them in relation to how their family members were and if there was any communication with allied professionals.

### Areas for improvement

No areas of improvement were identified.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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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 Helen Chambers, registered manager, 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 nursing 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 Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. 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 to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) 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.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14 (2) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 March 2017	The registered provider must ensure that all staff are aware of patients' moving and handling requirements and that recommendations within their care records are strictly adhered to.  <b>Ref: Section 4.3.2</b>  <b>Response by registered provider detailing the actions taken:</b> Copy of clients moving and handling care plan was provided to all staff signatures of staff retained to evidence they had read and understood. Moving and handling appropriate and in line with care plan.
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2017	The registered provider must; <ul style="list-style-type: none"> <li>• replace the carpet in the identified bedroom</li> <li>• address the identified malodour</li> <li>• ensure wardrobes are reviewed and secured where necessary</li> </ul> <b>Ref: Section 4.3.6</b>  <b>Response by registered provider detailing the actions taken:</b> carpet in room 15 was replaced 3/3/17. malodour in room 9 is addressed daily. All wardrobes have been reviewed and secured where necessary.
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 30 March 2017	The registered provider should ensure the identified care record is updated in relation to nutrition.  <b>Ref: Section 4.3.4</b>  <b>Response by registered provider detailing the actions taken:</b> This care record was updated 2/3/17

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



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