

Inspection Report

11 October 2022



Victoria House

Type of service: Residential Care Home
Address: 22 Moneyleck Road, Rasharkin, BT44 8QB
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Victoria House Registered Person Mr Samuel Derek Robinson Wallace	Registered Manager: Ms Rhonda Henry - not registered.
Person in charge at the time of inspection: Ms Rhonda Henry, Manager	Number of registered places: 11 This number includes not more than one resident with a learning disability (LD). Residents on the first floor have low dependency in terms of mobility and require minimum assistance. The home is approved to provide care on a day basis only for one person in category of care DE (dementia).
Categories of care: Residential Care (RC) I – old age not falling within any other category LD – learning disability	Number of residents accommodated in the residential care home on the day of this inspection: 9
Brief description of the accommodation/how the service operates: Victoria House is a registered residential care home which provides health and social care for up to 11 residents. Bedrooms are located over two floors. Residents have access to a communal lounge and dining room situated on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 11 October 2022, from 10.30am to 2.15pm. This was completed by a pharmacist inspector and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection.

The outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary. Medicine administration records were not completed to a satisfactory standard and the medicine ordering process required improvement to ensure residents have a continuous supply of their prescribed medicines. Safe systems were not in place for the management of medicines for residents recently admitted to Victoria House. The audit system used to ensure the safe management of medicines was not robust and capable of identifying medicine related incidents. Areas for improvement are detailed in the quality improvement plan.

Following the inspection the findings were discussed with Mr Derek Robinson Wallace, Responsible Person. Due to the assurances provided by the manager and responsible person, RQIA decided that a period of time would be given to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke to management about how they plan, deliver and monitor the management of medicines in Victoria House.

4.0 What people told us about the service

The inspector met with care staff and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well. The manager informed the inspector of recent staffing pressures and the difficulties experienced in recruiting and retaining staff.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 19 May 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21(4) (c) Stated: First time	The registered person shall not employ a person to work at the residential care home unless he has obtained two written references relating to the person, including a reference from the person's present or most recent employer, if any and he is satisfied on reasonable grounds as to the authenticity of those references.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure individual resident care plans and risk assessments are written with sufficient detail to direct the care required to meet the resident's needs. This is made in regards but not limited to medication risk assessments, mobility and diabetes records.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 27(4) (i) (v) Stated: First time	The registered person shall ensure the practice of wedging open fire doors is ceased immediately.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 4 Ref: Regulation 10(1) Stated: First time	<p>The registered person shall ensure that a robust governance system is implemented and maintained to promote and assure the quality of services in the home. This includes but is not limited to Infection prevention and control, accident incidents, care record audits and NISCC registrations.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Action required to ensure compliance with The Residential Care Homes Minimum Standards (2021)		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: Second time	<p>Identified cupboards are repainted to ensure they remain clean and decorated to a standard acceptable for the residents.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 6.2 Stated: Second time	<p>The registered person shall ensure that an individualised and comprehensive care plan is drawn up in a timely manner as the assessment of each resident's needs is carried out. This is in relation to new residents admitted to the home.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 3 Ref: Standard 20.2 Stated: Second time	<p>The registered person shall review the manager's working pattern so as to ensure that the manager has meaningful managerial oversight of the home on a consistent basis; the manager's working pattern shall afford the manager sufficient time on a weekly basis to effectively quality assure care provision and service delivery within the home.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection

Area for improvement 4 Ref: Standard 20.15 Stated: Second time	The registered person shall ensure that all accidents, incidents, communicable diseases, deaths, and events occurring in the home which adversely affects the wellbeing or safety of any resident are reported promptly to the Regulation Quality and Improvement Authority.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Standard 20.3 Stated: Second time	The registered person shall ensure robust arrangements are in place which allow the Manager to effectively monitor the registration of staff with NISCC.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 6 Ref: Standard 20.11 Stated: Second time	The registered person shall monitor the quality of services in accordance with the home's written procedures and complete a monitoring report on a monthly basis in keeping with Regulation and relevant minimum standards.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 7 Ref: Standard 29.6 Stated: First time	The registered person shall ensure that all staff participates in a fire evacuation drill at least once a year and a record of these drills is maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 8 Ref: Standard 21 Stated: First time	The registered person shall ensure a post falls protocol is developed to ensure staff are aware of all necessary actions to take and record following a residents fall.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 9 Ref: Standard 8.2 Stated: First time	The registered person shall ensure accident and incident records are completed and confirm that the relevant trust staff have been informed.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was.

If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed for one resident. Directions for use were clearly recorded on the personal medication record; and a care plan directing the use of the medicine was in place. Staff knew how to recognise a change in a resident's behaviour and was aware that this change may be associated with pain. The reason for and outcome of each administration was recorded in supplementary administration records.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly.

Care plans were in place when residents required insulin to manage their diabetes. There was sufficient detail in the care plan to direct staff if the resident's blood sugar was outside the recommended range. Insulin was administered by the district nurse and records maintained.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that the majority of medicines were available for administration when residents required them. However, a number of residents had missed one/more doses of their prescribed medicines in recent weeks as the medicines had not been available in the home. Residents must have a continuous supply of their prescribed medicines as missed doses or late administrations can impact upon their health or well-being. The medication ordering system should be reviewed to ensure that medicines are ordered in a timely manner. An area for improvement was identified.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located.

Satisfactory arrangements were in place for the safe disposal of medicines and records were maintained.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

The outcomes of the audits that were completed at the inspection identified that some medication administration records had not been accurately maintained. The audits showed that on some occasions staff had signed the records of administration but had not actually administered the medicines. Medicines must be administered as prescribed and medication administration records must be accurately maintained. An area for improvement was identified.

As part of the home's audits staff were recording running stock balances for medicines after administration. These audits were ineffective as the stock balances recorded did not correlate with the actual stock remaining indicating that staff were not completing stock counts.

The audits completed by the inspector identified discrepancies in the administration of a number of medicines including anticoagulant, antidepressant and inhaled medicines. Bisphosphonate medications were not being administered according to the specific administration instructions. These medicines must be administered separately from food and other medicines as instructed by the manufacturer. The date of opening was not consistently recorded on the medicine containers in order to facilitate audit. Whilst daily running stock balances were in place for all medicines to monitor administration, it was noted that when discrepancies were identified by care staff, corrective action had not been taken and it had not been escalated to the manager. The need for a robust audit system which covers all aspects of medicines management and administration is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. An area for improvement was identified.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were no controlled drugs in stock in the home on the day of the inspection; however a controlled drug cabinet and record book were available for use as needed. Staff were aware of which drugs required storage in the controlled drug cabinet and the necessary records to be kept should a resident be prescribed these medicines.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The management of medicines for one resident recently admitted to the home from their usual residence was reviewed. An accurate list of prescribed medicines had not been obtained from the GP on admission and it could therefore not be determined if the resident was being administered all of their prescribed medicines. It was identified that one medicine had not been administered as prescribed. Robust systems must be in place to ensure any medicines brought into the home by residents are reconciled with the up to date list provided by the GP and any discrepancies are resolved in a timely manner. An area for improvement was identified.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

As stated in Section 5.2.3, the findings of this inspection indicate that the auditing system is not robust and hence incidents may not be identified. The need for a robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. However, given the findings of this inspection it is evident the training has not been effective and embedded in practice. The manager gave an assurance that following the inspection all care staff with responsibility for medicines management would undergo further medicines management training and competency assessments to ensure safe systems are in place.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	8*	9*

* The total number of areas for improvement includes thirteen which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Rhonda Henry, Manager, and Mr Derek Robinson Wallace, Responsible Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21(4) (c) Stated: First time To be completed by: Immediate and ongoing (19 May 2022)	The registered person shall not employ a person to work at the residential care home unless he has obtained two written references relating to the person, including a reference from the person's present or most recent employer, if any and he is satisfied on reasonable grounds as to the authenticity of those references.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: 1 September 2022	The registered person shall ensure individual resident care plans and risk assessments are written with sufficient detail to direct the care required to meet the resident's needs. This is made in regards but not limited to medication risk assessments, mobility and diabetes records.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 Ref: Regulation 27(4) (i) (v) Stated: First time To be completed by: Immediate and ongoing (19 May 2022)	The registered person shall ensure the practice of wedging open fire doors is ceased immediately.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

<p>Area for improvement 4</p> <p>Ref: Regulation 10(1)</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2022</p>	<p>The registered person shall ensure that a robust governance system is implemented and maintained to promote and assure the quality of services in the home. This includes but is not limited to Infection prevention and control, accident incidents, care record audits and NISCC registrations.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall review the medication ordering system to ensure residents have a continuous supply of their prescribed medicines.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: I have arranged with local Pharmacist and Pharmacy at the Health Centre, to get all repeat tablets in line to make sure that the residents have enough supply in the home and not run out. t When I order the tablets on the monthly basis along with the PRN medication, there will be no shortage of medication which means that there should be no shortfall in the medication.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that fully complete and accurate records of the administration of medicines are maintained.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The medication cardex and PRN file is filled in at each medication round along with the discrepancies at the side of the folder indicating when new medication has started and starting new box, also in this column if resident refuses their medication or if they require pain relief and how many is given.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 5.2.3 & 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Since our last inspection we have set up a file which consists of each residents medication, each day a different resident medication is counted and checked to make sure the count is correct and there are no discrepancies. This system is working</p>

	very well once the tablets came into line. This has made all of the staff more aware of the importance of administering medication. Staff meeting was held on the 24 th October highlighting the importance of administering medication.
Area for improvement 8 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that written confirmation of prescribed medicines is obtained for all residents at or prior to admission/readmission to the home. Ref: 5.2.4
To be completed by: Immediate and ongoing	Response by registered person detailing the actions taken: Most of our new residents comes from the hospital or another care home and they come in with all the necessary medication information, in the future if any resident comes from their own home a medication list will be obtained from their own GP before or on arrival. This will be highlighted for future reference.

Action required to ensure compliance with The Residential Care Homes Minimum Standards 2021	
Area for improvement 1 Ref: Standard 27.1 Stated: Second time To be completed by: 1 April 2022	Identified cupboards are repainted to ensure they remain clean and decorated to a standard acceptable for the residents.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Standard 6.2 Stated: Second time To be completed by: Immediate and ongoing (19 May 2022)	The registered person shall ensure that an individualised and comprehensive care plan is drawn up in a timely manner as the assessment of each resident's needs is carried out. This is in relation to new residents admitted to the home.
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Area for improvement 3 Ref: Standard 20.2 Stated: Second time To be completed by: Immediate and ongoing (19 May 2022)	The registered person shall review the manager's working pattern so as to ensure that the manager has meaningful managerial oversight of the home on a consistent basis; the manager's working pattern shall afford the manager sufficient time on a weekly basis to effectively quality assure care provision and service delivery within the home.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 4 Ref: Standard 20.15 Stated: Second time To be completed by: Immediate and ongoing (19 May 2022)	The registered person shall ensure that all accidents, incidents, communicable diseases, deaths, and events occurring in the home which adversely affects the wellbeing or safety of any resident are reported promptly to the Regulation Quality and Improvement Authority.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

<p>Area for improvement 5</p> <p>Ref: Standard 20.3</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing (19 May 2022)</p>	<p>The registered person shall ensure robust arrangements are in place which allow the Manager to effectively monitor the registration of staff with NISCC.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20.11</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing (19 May 2022)</p>	<p>The registered person shall monitor the quality of services in accordance with the home's written procedures and complete a monitoring report on a monthly basis in keeping with Regulation and relevant minimum standards.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 7</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (19 May 2022)</p>	<p>The registered person shall ensure that all staff participates in a fire evacuation drill at least once a year and a record of these drills is maintained.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 8</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (19 May 2022)</p>	<p>The registered person shall ensure a post falls protocol is developed to ensure staff are aware of all necessary actions to take and record following a residents fall.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

Area for improvement 9 Ref: Standard 8.2 Stated: First time To be completed by: Immediate and ongoing (19 May 2022)	The registered person shall ensure accident and incident records are completed and confirm that the relevant trust staff have been informed.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

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