

# Inspection Report

21 February 2023



## Victoria House

Type of service: Residential Care Home  
Address: 22 Moneyleck Road, Rasharkin, BT44 8QB  
Telephone number: 028 2957 1423

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Victoria House  <b>Registered Person</b> Mr Samuel Derek Robinson Wallace	<b>Registered Manager:</b> Ms Rhonda Henry - not registered.
<b>Person in charge at the time of inspection:</b> Ms Rhonda Henry	<b>Number of registered places:</b> 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).
<b>Categories of care:</b> Residential Care (RC) I – old age not falling within any other category LD – learning disability	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 10
<b>Brief description of the accommodation/how the service operates:</b>  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 21 February 2023, from 10.45am to 1.15pm. This was completed by a pharmacist inspector and focused on medicines management.

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.

At the last medicines management inspection on 11 October 2022 robust arrangements were not in place for the management of medicines. Areas for improvement were identified in relation to: the ordering process for medicines, the standard of maintenance of medicine administration records, medicines audit and the management of medicines for new admissions.

Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA and with Mr Derek Wallace, responsible individual. It was decided that the home would be given a period of time to implement the necessary improvements and that this follow up inspection would be carried out to ensure that the improvements had been implemented and sustained.

The outcome of this inspection provided evidence that management and staff had taken appropriate action to ensure the necessary improvements in relation to medicines management. Medicine related records were maintained to the required standard. Residents had stock of their prescribed medicines and a programme of regular medicine audits was in place to ensure residents were administered their medicines as prescribed. Satisfactory arrangements were in place for the management of medicines for new admissions. The management team provided assurances that they would continue to monitor all aspects of the management of medicines to ensure that these improvements were sustained.

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

RQIA would like to thank the management 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 staff and management about how they plan, deliver and monitor the management of medicines.

#### 4.0 What people told us about the service

The inspector met with care staff and the manager. Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

Staff expressed satisfaction with how the home was managed. The manager stated staff had worked hard to implement and sustain improvements in medicines management following the last inspection. Staff said that they had the appropriate training to look after residents and meet their needs.

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 11 October 2022		
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21(4) (c)  <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27(4) (i) (v)  <b>Stated:</b> First time	The registered person shall ensure the practice of wedging open fire doors is ceased immediately.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 10(1)  <b>Stated:</b> First time	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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall review the medication ordering system to ensure residents have a continuous supply of their prescribed medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met.  <b>See Section 5.2.1</b>	

<b>Area for improvement 6</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that fully complete and accurate records of the administration of medicines are maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met.  <b>See Section 5.2.2</b>	
<b>Area for improvement 7</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met.  <b>See Section 5.2.3</b>	
<b>Area for improvement 8</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met.  <b>See Section 5.2.4</b>	
<b>Action required to ensure compliance with The Residential Care Homes Minimum Standards 2021</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> Second time	Identified cupboards are repainted to ensure they remain clean and decorated to a standard acceptable for the residents.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> 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><b>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.</b></p>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 20.2  <b>Stated:</b> 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><b>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.</b></p>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 20.15  <b>Stated:</b> Second time	<p>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.</p> <p><b>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.</b></p>	<b>Carried forward to the next inspection</b>



<b>Area for improvement 5</b> <b>Ref:</b> Standard 20.3 <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 20.11 <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 29.6 <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 8</b> <b>Ref:</b> Standard 21 <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	



<b>Area for improvement 9</b>  <b>Ref:</b> Standard 8.2  <b>Stated:</b> First time	The registered person shall ensure accident and incident records are completed and confirm that the relevant trust staff have been informed.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 5.2 Inspection findings

### 5.2.1 Medication ordering

The process for ordering medicines had been reviewed and improved since the last inspection. Medicines were ordered in a timely manner with sufficient time allowed to address any discrepancies. Records of medicine orders were maintained and available for review. The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

### 5.2.2 Medicine administration records

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. A sample of the medicine administration records was reviewed. The records reviewed were fully and accurately completed. Completed records were filed appropriately and were readily retrievable for audit/review.

### 5.2.3 Medicines audit and governance

The medicine audit process had been reviewed and improved since the last inspection. Management and staff audited medicine administration on a regular basis within the home. Daily medicine administration audits were completed and records of the audits were available for review. It was evident the audit process was capable of identifying medicine related incidents. The date of opening was recorded on all medicines so that they could be easily audited. This is safe practice.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

#### 5.2.4 Management of medicines for new admissions

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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

### 6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	9*

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

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Ms Rhonda Henry, Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21(4) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 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.
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 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.
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<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27(4) (i) (v)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (19 May 2022)	The registered person shall ensure the practice of wedging open fire doors is ceased immediately.
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<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 10(1)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 September 2022	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.
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<b>Action required to ensure compliance with The Residential Care Homes Minimum Standards 2021</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 April 2022	Identified cupboards are repainted to ensure they remain clean and decorated to a standard acceptable for the residents.
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<b>Area for improvement 5</b> <b>Ref:</b> Standard 20.3 <b>Stated:</b> Second time <b>To be completed by:</b> Immediate and ongoing (19 May 2022)	<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> <p><b>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.</b></p>
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