

Inspection Report

19 May 2022



Victoria House

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

www.rqia.org.uk

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	Number of registered places: 11 Residents on 1st floor have low dependency in terms of mobility and require minimum assistance. Not more than one person in Cat. LD. The home is approved to provide care on a day basis only to 1 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: 7
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 11 residents. Bedrooms are located over two floors and 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 17 May 2022 from 9.30am to 5.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents told us that Victoria House was a good place to live and that the staff members were all very kind. Residents were observed to be well presented and enjoying the company of others in the communal lounges.

Staff told us that Victoria House was a good place to work and that the manager was approachable.

Whilst it was found that there was safe, effective and compassionate care delivered in the home, concerns were identified in regard to the managerial oversight and governance arrangements in the home. Due to the deficits identified and the lack of robust governance arrangements in the home, Ms Rhonda Henry, Acting Manager and Mr Samuel Wallace, Responsible Person were invited to a teleconference meeting with RQIA on 8 June 2022 to discuss how these deficits were to be addressed. Assurances provided at this meeting in regard to effective managerial oversight for example a range of quality assurance audits. The effectiveness of these audits will be reviewed on a monthly basis by the responsible individual and progress made will be assessed during a further inspection.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

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 we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Seven residents were spoken with during the inspection. Residents spoke positively about living in Victoria House and told us that all the staff members were very nice. Residents told us that "staff are friendly" and "It is the best you can get, I am well looked after."

Staff told us that Victoria House is a good place to work and they enjoyed working there.

RQIA did not receive any returned questionnaires from residents or relatives following the inspection. One staff questionnaire was submitted, however was incomplete, and indicated that they were very satisfied in the responses received such as staffing levels and ensuring the resident's needs were met.

A record of compliments received about the home was kept by the manager and shared with the staff team. A comment from a thank-you card noted: "Thank you for all your hard work."

5.0 The inspection

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

Areas for improvement from the last inspection on 27 January 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) (b) (i) Stated: First time	The registered person shall ensure two written references are obtained, including one from the applicant's most recent employer prior to an offer of employment being made.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met as two references were available however a new area for improvement was identified and shall be discussed further in section 5.2.1.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 8.2 Stated: Second time	Resident records are kept and when no recordable events occur, there is an entry at least weekly for each resident to confirm that this is the case.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	

Area for Improvement 2 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 3 Ref: Standard 20.10 Stated: Second time	<p>Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary. This includes, but is not limited to, audits of complaints, the home's environment and IPC measures.</p> <p>Action taken as confirmed during the inspection: A review of records evidenced that this area was not met and will be subsumed in to an area for improvement under regulation. This is discussed further in section 5.2.5</p>	Not met
Area for Improvement 4 Ref: Standard 6.2 Stated: First 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 taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met is therefore stated for a second time.</p>	Not met
Area for Improvement 5 Ref: Standard 20.2 Stated: First 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 taken as confirmed during the inspection: A review of records and discussion with the manager evidenced that this area for improvement was not met is therefore stated for a second time.</p>	Not met

Area for Improvement 6 Ref: Standard 20.15 Stated: First 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.	Not met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met and is therefore stated for a second time.	
Area for Improvement 7 Ref: Standard 20.3 Stated: First time	The registered person shall ensure robust arrangements are in place which allow the Manager to effectively monitor the registration of staff with NISCC	Partially met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was partially met and is stated for a second time.	
Area for improvement 8 Ref: Standard 20.11 Stated: First 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.	Not Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met and is therefore stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of one staff recruitment file evidenced that an Enhanced Access NI check had been sought, reviewed and received prior to the staff member commencing employment. However; whilst two written references were provided these had not been requested in keeping with best practice. This was discussed with the manager during the meeting who agreed to address this. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. However records evidenced that not all staff had attended a fire drill in the past twelve months. This was discussed with the manager and an area for improvement was identified.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

During discussion with both the manager and registered person, they advised the difficulties they have experienced during COVID-19 in relation to recruiting and retaining staff. This has resulted in the manager often working as a carer; the manager's working pattern is further discussed in Section 5.2.5.

The manager told us that there is good teamwork within Victoria House. Staff also spoke positively about the care which is delivered and the support they receive from the manager.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes to the needs of residents. Staff were knowledgeable of individual resident's needs, their daily routines, wishes and preferences.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous.

Residents' needs were assessed at the time of their admission to the home. A review of care records evidenced that risk assessments and care plans were not created in a timely manner. This is important to ensure staff have clear direction on how to meet residents' needs following admission, including those residents admitted for a period of respite. This area for improvement is therefore not met and is stated for a second time.

Further review of records evidenced some of the care plans and risk assessments in place lacked sufficient personalised detail to direct the care required for each resident for example as required medication risk assessments, mobility and diabetes care plans. This was discussed with the manager and an area for improvement was identified.

There was evidence of onward referrals and consultation with the GP when a resident experienced a fall and the care records reflected this. Post falls observations were recorded after a resident had a fall however; the consistency and timing of these observations were not clear. There was also no post falls protocol in place for staff to follow in the event that a resident falls. This was discussed with the manager who agreed to contact the Falls Prevention

Team in the Northern Health and Social Care Trust (NHSCT) for advice in regard to this. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included bedrooms, bathrooms and communal areas such as the lounge and dining room. The home was warm, clean and tidy. Residents' bedrooms were personalised with items important to them such as pictures and paintings.

Some areas of the home had under gone repair and refurbishment including the laundry room and staff area however not all planned works were completed. This included the repainting and replacement of cupboards which had been identified as an area for improvement at the previous care inspection. Given the assurances that this work was scheduled, this area for improvement is carried forward for further review at the next inspection.

Three internal fire doors were observed to be wedged open. The manager was advised to address this urgently. An area for improvement was identified.

Staff were observed washing their hands regularly and to use personal protective equipment (PPE) appropriately. However, we observed that only vinyl gloves were available at the PPE stations in the home. Infection control guidance advises that both nitrile and vinyl gloves are available to allow staff choice depending on what care they are delivering. This was discussed with the manager who confirmed that she had ordered nitrile gloves before the inspection ended.

Visiting arrangements were managed in line with DoH and Infection Prevention and Control (IPC) guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. They told us staff were friendly and helpful. Residents told us they were well looked after and the food was good and they got plenty of choice. Some residents were observed to be in the lounge chatting with other residents, reading the newspaper or watching television. Residents told us that they had regular communication and visits from their families.

An activity board was on display in the foyer along with a range of pictures of residents partaking in previous activities such as arts and crafts. Residents spoke positively about the activities on offer and were looking forward to the planned celebrations for the Queen's Jubilee.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Rhonda Henry remains the manager and is in the process of applying to RQIA to become the registered manager. The managers application was discussed during the meeting and it was agreed that the application would be submitted by 17 June 2022.

Staff spoke positively about the management arrangements in the home and described the manager as supportive and approachable. Residents spoken with said they felt able to raise any issues or concerns and felt confident these would be addressed.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Four areas for improvement regarding management and governance arrangements had been identified at the previous care inspection. There was limited evidence that these areas had been fully addressed or improvements sustained.

Discussion with the manager and a review of the duty rota highlighted that the manager is often covering caring duties which therefore reduces her time to attend to managerial duties. It is necessary that the manager is afforded sufficient protected time to ensure the home delivers services effectively in accordance with legislative requirements and minimum standards. This area for improvement is stated for a second time.

The manager had checked staff's initial professional registration with the Northern Ireland Social Care Council (NISCC). However; there was no system in place to monitor this. This area for improvement was only partially met and is therefore stated for a second time.

A review of the records of accidents and incidents confirmed that these were appropriately escalated to the GP. However; not all notifiable incidents were reported to RQIA. Current RQIA guidance in regard to the statutory notification of incidents was provided to the manager. This area for improvement was stated for a second time.

In addition, some accident and incident forms were not fully completed and did not identify if the care manager had been informed. A new area for improvement was identified.

A review of records evidenced that a weekly audit had been introduced since the last inspection to review areas such as the duty rota, dining experience and the environment. Whilst it was positive that this had been introduced, the audit lacked detail and was not robust in identifying deficits. Due to these deficits, this area for improvement previously stated under the Standards has been subsumed into an area for improvement under Regulation.

The registered person's monthly monitoring reports had not been completed since the last inspection. The reasons for this were discussed with the inspector. As no written reports were available to view, this area for improvement was stated for a second time.

Given the inspection findings, RQIA met with the management team on 8 June 2022 to discuss how they would ensure that the areas for improvement would be fully addressed and improvements sustained. Given the assurances provided by the home, it was agreed that the

areas for improvement would be managed through the Quality Improvement Plan (QIP) at this time.

7.0 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 and the Residential Care Homes' Minimum Standards (August 2021)**

	Regulations	Standards
Total number of Areas for Improvement	4	9*

*The total number of areas for improvement includes five standards that have been stated for a second time and one standard which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Rhonda Henry, Manager, as part of the inspection process. The inspection findings were also discussed with the home's management team 8 June 2022 as RQIA sought additional assurances as to how the areas for improvement would be addressed and improvements sustained. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21(4) (c) Stated: First time To be completed by: Immediate and ongoing	<p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: I had spoke to the Inspector about how hard it is to get the relevant feedback from referees, I now record when I contact someone about references also state to new staff member that I cannot start anyone until this procedure is completed, there will be no new starts until this is completed to ensure that things are in place and assure that all is being done to employ staff that are suitable for the position. the last person that was employed has provided me with chracter reference and last employer.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2022</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: I have recently drew up new Care Plans for every Resident stating all their care needs to detail, making it clear to all staff members what they need to do for the individual resident, also for new starts to look at this and know exactly what their care needs are from looking at their care plan ensuring to note every detail about their condition and how to deal effectively on every individuals needs as no care plan is the same.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27(4) (i) (v)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure the practice of wedging open fire doors is ceased immediately.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All doors are kept closed until the Maintenance Man comes, he has been contacted and due to the home being closed for 4 weeks he has been rescheduled and work will be carried out in a timely manner .</p>
<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> <p>Ref:5.2.5</p> <p>Response by registered person detailing the actions taken: I have already this in place as discussed with the Inspector it will be available for review on next Inspection I have now in place audits for a number of other systems in the home, which includes all aspects of care and the quality of the services in the care home to ensure better care and better systems are in place.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 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. Ref: 5.1
	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 2 Ref: Standard 6.2 Stated: Second time To be completed by: Immediate and ongoing	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. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: I always carry out the Resident Assessment Form with new residents when they first come in to the home when they are in the home after a month an individualised Care Plan is drew up to see to their needs and how they should be met, this is continued as their ever changing needs progress to ensure that all staff are aware of these changes, this is passed on every changeover in every shift as to make sure all staff are aware of the needs of the resident, staff are encouraged to read care plan on the resident when they first come in to the home and continue to read up on their further care plans. Recently most of the residents coming into the home are for respite or waiting for care packages though care plans need to be drew up the same.
Area for improvement 3 Ref: Standard 20.2 Stated: Second time To be completed by: Immediate and ongoing	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. Ref: 5.1 and 5.2.5
	Response by registered person detailing the actions taken: The Proprietor has agreed that I have one day a week to do my office work it has been agreed also that if I need more time in the office this can be accomodated to suit as he knows how important this is to keep on top of everything. Extra office hours have been put in place.

<p>Area for improvement 4</p> <p>Ref: Standard 20.15</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing (from 27 January 2022)</p>	<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>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: I always ensure that incidents, accidents, communicable diseases are reported to RQIA, as I know of the importance of this and for the well-being and safety of the residents to ensure that the appropriate people are made aware of this, I have a sign up now for all staff as a reminder of who and what to do in this incident also it has been passed on in every handover to ensure all staff are aware of what to do. whenever I am on A/L there is a staff member allocated to carry this duty out.</p>
<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</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> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: I have drew up a list as a reminder in connection to NISCC which will be checked at end of every month this will give me the chance to notify staff when their NISCC is up to give them time to renew it, this will be done in my allocated office hours. if new member of staff starts work all information will be given to them in their induction regarding on how to get registered with NISCC which has to be done within 6 months of employment .</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</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> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: Template has been put in place to carry out observations of different areas of the home the bedrooms, bathrooms, kitchen, dayroom and dining room at present work has been completed awaiting on painter to return. We have carried out a lot of work recently new vinyl on all bathrooms new raised toilets, wash room all decorated and new sink and cupboard fitted, mens room redecorated, not including what we have done before previous work had been done.</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 (from 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> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: I had currently set a date for all staff to participate in a fire drill, I will record this when completed. I had intended to have this carried out but the home has been closed for 4 weeks due to Covid, Fire Drill is now set for Thursday the 11th August and all staff have been notified .</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</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> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: I have currently drew up a post falls form also I have in place a post falls tracking audit form, body map has been placed in all care plans to be filled in after the fall by staff on duty. This is passed on to all staff on changeover and recorded in changeover document. Appropriate action taken resulting in contacting all necessary people, Dr on call, family Trust ,RQIA etc.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure accident and incident records are completed and confirm that the relevant trust staff have been informed.</p> <p>Ref:5.2.5</p> <p>Response by registered person detailing the actions taken: I have notified trust about accident and incidents within the 24 hours recommended timescale, though due to large turnover in staff recently it is hard to keep trace of who you should be speaking to as staff may be working from home and on occasion you have to leave a message which means it can take longer for information to get through .</p>

Please ensure this document is completed in full and returned via Web Portal



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