



The **Regulation** and  
**Quality Improvement**  
Authority

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**Unannounced Care Inspection  
of  
Victoria House**

**1 March 2016**

**The Regulation and Quality Improvement Authority**  
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## 1. Summary of inspection

An unannounced care inspection took place on 1 March 2016 from 11.00 to 18.00. On the day of the inspection concerns were noted in relation to the delivery of safe and effective care. However, the standard inspected was assessed as being met.

We identified some issues around safety and effectiveness of care with regard to the management of behavioural issues displayed by one identified resident. We also found a keypad on the front door of the home had been deactivated contrary to the assessed needs of two identified residents. As a result of these issues an urgent actions letter was left with the registered manager outlining the need to address the identified areas without delay thus ensuring safety within the home for the identified residents. Following the inspection the deputy manager contact RQIA to say that the identified issues had been addressed.

One requirement has been stated for the second time, three new requirements were made during this inspection. These related to the completion of a thorough risk assessment for one identified resident, to ensure all equipment in the home used by residents or staff is well maintained, and also that an automatic self-closing device should be installed on an identified bedroom door. We made two recommendations around the storage of hazardous products, and maintaining the content of training programmes in the home.

Areas for improvement identified are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011).

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	2

The details of the QIP within this report were discussed with the registered manager/provider Mr Samuel Derek Robinson Wallace as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Mr Samuel Derek Robinson Wallace	<b>Registered Manager:</b> Mr Samuel Derek Robinson Wallace
<b>Person in charge of the home at the time of inspection:</b> Mr Samuel Derek Robinson Wallace	<b>Date manager registered:</b> 01/04/2005
<b>Categories of care:</b> RC-LD, RC-DE, RC-I	<b>Number of registered places:</b> 11
<b>Number of residents accommodated on day of inspection:</b> 11	<b>Weekly tariff at time of inspection:</b> £470 per week

## 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

## 4. Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA and the returned Quality Improvement Plan from the previous care inspection on 4 August 2015.

During the inspection we met with 10 residents, two care staff, the deputy manager, the registered manager and one visiting professional. The deputy manager was the person in charge upon our arrival at the home; the registered manager was present for intervals during the inspection and for feedback at the conclusion of the inspection.

The following records were examined during the inspection: three care records, minutes of residents meetings, returned satisfaction questionnaires, the homes quality review report 2015, staff training records, complaints records, relevant policies and procedures, accident and incident records, Statement of Purpose and the homes fire safety risk assessment.

## 5. The inspection

### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 2 September 2015. The completed QIP was returned and approved by the estates inspector.

## 5.2 Review of requirements and recommendations from the last care inspection on 4 August 2015

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20.(3)	The registered manager must ensure that competency and capability assessments are completed for all staff who are given the responsibility of being in charge of the home for any period of time in the registered managers absence.	Met
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that all staff given the responsibility of being in charge of the home for any period in their absence have completed a competency and capability assessment. We viewed a selection of completed assessments maintained in the home.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 19.(1) (a) Schedule 3 (k)	The registered manager must ensure records reflect all care and services provided to residents, including a record of the residents' condition, treatment and any other intervention.	Met
	<b>Action taken as confirmed during the inspection:</b> We inspected three care records these were maintained on an up to date basis and reflected the residents' condition, treatment and other interventions.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 16.(1)	The registered manager must ensure that care plans clearly reflect how resident's needs in respect of their health, care and welfare are to be met.	Not met
	<b>Action taken as confirmed during the inspection:</b>  We inspected three care plans. We found one care plan did not contain sufficient information regarding care required. We also noted information within three of the care plans pertaining to safety was not being followed.	

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 27 (2) (t)</p>	<p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>(t) a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Reference to this is made in relation to radiators/hot surfaces. These must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.</p> <p><b>Action taken as confirmed during the inspection:</b> We can confirm that risk assessments have been completed for individual hot surfaces. The registered manager confirmed that he was in the process of acquiring appropriate radiator covers. A number of actions were identified; as a result the registered manager is in the process of completing these.</p>	<p>Met</p>
<p><b>Previous Inspection Recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 14.5</p>	<p>The registered manager should ensure that the wishes of residents regarding arrangements at the time of their death are sought. This information should be included in the residents care plans.</p> <p><b>Action taken as confirmed during the inspection:</b> We inspected three care records. These included the wishes of residents regarding arrangements at the time of their death.</p>	<p>Met</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 11.1</p>	<p>The registered manager should ensure that the two identified residents have care reviews completed with the referring trust to ascertain if the placement remains suitable.</p> <p><b>Action taken as confirmed during the inspection:</b> We inspected the care review minutes for the two identified residents. These confirmed the placements remain suitable for the residents. We discussed with the registered manager the need to ensure the continual monitoring and review of resident's needs.</p>	<p>Met</p>

<p><b>Recommendation 3</b></p> <p>Ref: Standard 23</p>	<p>The registered manager should ensure that care staff complete training in record keeping.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>We inspected training records maintained in the home. These showed that training was provided by the deputy manager on 15 September 2015. The names of the staff members who completed the training were also recorded. Improvements were observed in the records reviewed. However, we found there was no record of the content of the training maintained in the home. We discussed with the registered manager the need to maintain the content of training programmes provided. This issue is addressed in the additional areas examined within this report.</p>	<p>Met</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 23.4</p>	<p>The registered manager should ensure that care plans are signed by the resident or their representative, where appropriate, the member of staff drawing it up and the registered manager. If the resident or their representative is unable to sign or choose not to sign this should be recorded.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>We inspected three care plans; we found that these had been signed by the resident or their representative, the person drawing it up and the registered manager.</p>	<p>Met</p>
<p><b>Recommendation 5</b></p> <p>Ref: Standard 6.3</p>	<p>The registered manager should ensure all staff complete fire safety training at least twice every year.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager confirmed to us that all staff complete two fire safety training sessions every year. We inspected staff training records these showed staff completed fire safety training in May and September 2015. The registered manager confirmed further training was due to be arranged for 2016.</p>	<p>Met</p>

<p><b>Recommendation 6</b></p> <p>Ref: Standard 29.4</p>	<p>Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action taken when necessary.</p> <p>Reference to this is made in that in the format of recording accidents it needs to include;</p> <ul style="list-style-type: none"> <li>• Confirmation that the resident's care manager was notified of the event</li> <li>• Confirmation that the registered manager has signed and dated all accident/incident records on a regular and up to date basis as reviewed/inspected.</li> </ul>	Met
<p><b>Action taken as confirmed during the inspection:</b></p> <p>We inspected the accident and incident records maintained in the home these were signed by the registered manager on an up to date basis. The registered manager confirmed residents care managers are notified of all events.</p>		

### 5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

#### Is care safe? (Quality of life)

In our discussions with the deputy manager and care staff they confirmed that individual choices, preferences or issues of concern identified by residents were listened to and readily acted on. We inspected three care records. There was evidence of recent care reviews for residents. The care records were found to be kept under review to reflect the needs and preferences of residents. Care records inspected were signed appropriately by the residents and/or their representative the member of staff drawing them up and the registered manager.

The deputy manager confirmed that there was a strong focus on the values of consent, choice and independence to ensure residents can shape the services and facilities provided by the home. Staff demonstrated a good awareness of the values to underpin the service.

#### Is care effective? (Quality of management)

The home had a policy in place relating to residents involvement with activities and events. The deputy manager confirmed residents' were consulted regularly with regards to the running of the home. We inspected the minutes of residents meetings. We noted residents had the opportunity to share their views. We discussed with the deputy manager the benefits of ensuring these are held on a more frequent basis as they most recently had been held at six monthly intervals.

The deputy manager confirmed that residents have the opportunity to participate in their care reviews and are involved in making choices daily relating to menu choices, activities, dressing, hair styling, and rising and retiring times. We inspected a selection of resident satisfaction questionnaires which had been completed in April 2015. We also inspected the report compiled for 2015 from completed representative satisfaction questionnaires. The deputy manager confirmed to us that the report would usually be compiled from the findings of the questionnaires on an alternative yearly basis. In that one year would reflect residents' views and the following year would reflect the views gathered from representatives. We discussed with the deputy manager the benefits of putting all the information gathered from residents and their representatives into one report on an annual basis. We also discussed how the information gathered could be used to help improve the services provided by the home. The deputy manager confirmed that feedback from residents and representatives would be included in future.

We observed a suggestion box situated in the hallway of the home. The registered manager confirmed this was useful in obtaining views from residents and representatives and any suggestions made would be considered for improvement of the home.

In our discussions with residents they confirmed to us that they were involved in a range of activities and special interests. Residents shared with us items they had made and confirmed that they are regularly involved in events at the home. Residents confirmed that they were aware of how to make a complaint if they so wished. Residents also confirmed to us that they had a good choice from the meals available in the home.

### **Is care compassionate? (Quality of care)**

In our discussions with the deputy manager and staff they confirmed that the residents' individual needs and preferences are at the centre of care provision in the home.

From our observations of care practices and interactions we found residents were treated with dignity and respect when being supported in the home. Residents were observed relaxing and engaging in events around the home. Relations between residents and staff were warm and friendly.

### **Areas for improvement**

We identified no areas for improvement from the standard inspected. This standard was assessed to be met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## **5.4 Additional areas examined**

### **5.4.1 Residents views**

We met with 10 residents who in accordance with their capabilities indicated that they were happy with their life in the home, their relationship with staff and the provision of care. Some comments from residents included:

- "I can't complain about anything, the staff are all very good the food is good and I have all that I need."

- “I am getting on well here; I know there is help available if I need it.”
- “This is a great place, everyone is very kind.”
- “Everyone is lovely, I can’t complain.”

#### **5.4.2 Staff Views**

We spoke with the deputy manager and two care staff. Staff confirmed to us that resident’s views and opinions are considered at all times, and that residents are actively encouraged to participate in a range of activities. Staff confirmed that they felt supported with their respective roles and have adequate resources available to undertake their duties.

#### **5.4.3 Visiting professional’s views**

In our discussions with one visiting professional to the home they confirmed that they found residents to be well cared for with staff available to offer assistance if required. Some comments from the visiting professional include:

- “This is a great place, I know as I have been coming for a long time.”

#### **5.4.4 General environment**

In our inspection of the environment we found the home to be clean, warm and tidy. The décor and furnishings were somewhat dated though fit for purpose. We found in the laundry room hazardous products were being stored in an unlocked cupboard. We discussed this issue with the registered manager who confirmed these products should have been maintained in the locked store. We made a recommendation in this regard.

We inspected three care records. We found that two residents were assessed as needing a secure environment due to risk of wandering; this was discussed with the registered manager as we observed the keypad system on the front door of the home had been disabled. We discussed with the registered manager the need to consider all identified risks, as previously raised in 2014. We reiterated the use of a keypad system should take into consideration the individual needs of all residents through a process of risk assessment. We also discussed the need to ensure any changes in residents care needs are reflected in their care plans and also to ensure residents’ needs are fully reviewed on a regular basis. We left an urgent actions letter with the registered manager outlining the need to reactivate the keypad system without delay bearing in mind the assessed needs of the two identified residents.’ Following the inspection the deputy manager contacted RQIA to confirm that this had been actioned.

#### **5.4.5 Care Review**

We inspected three care records. We found there had been changes with regards to the behaviours displayed by one identified resident. From our discussions with the deputy manager and inspection of records maintained in the home we found an escalation in behaviours causing serious risk to the resident. These behaviours usually occurred at night time. We informed the registered manager that the suitability of the placement should be reviewed immediately without delay. We left an urgent actions letter in regards to this. Following the inspection the deputy manager contacted RQIA to confirm that she had contacted the relevant Trust provider and requested a review for the identified resident.

We also made a requirement that a thorough risk assessment should be completed for the identified resident taking into consideration the immediate risks and identify the actions to reduce risks to the resident. The deputy manager informed us that an alarm mat had been in place at the resident's bedside but that this had recently been damaged and was not replaced. The residents care plan stated that such a mat was in place. We advised the registered manager that an alarm mat should be put in place without delay. We also advised the registered manager that the damaged mat should have been repaired or replaced immediately. We made a requirement that any equipment provided at the home for use by residents or staff should be maintained and/ or replaced as appropriate.

#### **5.4.6 Fire Safety**

We inspected the homes fire safety risk assessment; this was completed in September 2015. The registered manager confirmed that any recommendations made had been actioned accordingly. Staff had completed two fire safety training sessions in 2015. We found the first fire safety training session provided on 5 May 2015 was delivered by a certified fire trainer. We noted that the second fire safety training session had been delivered by the deputy manager of the home. The content of the fire safety training was not available for inspection. We discussed with the registered manager the need to maintain the content of training programmes provided in the home. This issue was also discussed in relation to the content of record keeping training not being available for inspection as raised earlier in the report. We made a recommendation that the content of all training programmes should be maintained in the home and be available for inspection.

As part of our inspection of the environment we observed one bedroom door propped open during the inspection. From our discussions with staff and the identified resident they confirmed that the resident liked to spend time in their room and preferred the door to remain open during the day. We discussed this issue with the deputy manager and advised upon the use of an automatic self-closing device which would close automatically in the event of the fire alarm being activated. The deputy manager confirmed that this issue would be followed up. We made a requirement in this regard.

#### **5.4.7 Accidents and incidents**

From our inspection of accident and incident records maintained in the home we can confirm that these were reported and managed appropriately.

#### **5.4.8 Complaints**

We inspected the complaints records maintained in the home. These confirmed that all complaints were managed appropriately by the home.

#### **Areas for improvement**

We identified seven areas for improvement from the additional areas examined. These included two areas to be addressed urgently following the inspection, three requirements and two recommendations. The requirements made related to the completion of a thorough risk assessment for one identified resident, to ensure any equipment provided by the home is maintained and/or replaced as appropriate and also that an automatic self-closing device should be installed on the identified bedroom door. We made two recommendations these

related to the safe storage of hazardous products in the home and to ensure the content of training programmes are maintained in the home.

<b>Number of requirements:</b>	3	<b>Number of recommendations:</b>	2
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Samuel Derek Robinson Wallace registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory requirements

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

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14.(2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 March 2016</p>	<p>The registered manager must ensure that a thorough risk assessment is completed for the identified resident taking into consideration the immediate risks and identify the actions to reduce the risks to the resident.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> Immediate action has been taken, and all identified risks taken to reduce the risks of the resident.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27. (2) (c )</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 March 2016</p>	<p>The registered manager must ensure that any equipment provided at the home for use by residents or staff should be maintained and/or replaced as appropriate.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> This has been done and will continue to be maintained/replaced.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 16.(1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 April 2016</p>	<p>The registered manager must ensure that care plans clearly reflect how resident's needs in respect of their health, care and welfare are to be met.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> This is continually being done, on the resident's ever changing needs.</p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (d) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 April 2016</p>	<p>The registered manager must ensure that an automatic self-closing device is installed on the identified bedroom to be used when the resident wishes to remain in their room with the door ajar.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> i am currently getting quotes for this work to be done.</p>

<b>Recommendations</b>			
<b>Recommendation 1</b> <b>Ref:</b> Standard 28.1 <b>Stated:</b> First time <b>To be completed by:</b> 1 March 2016	The registered manager should ensure that hazardous cleaning products are maintained in a locked store when not in use.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> This is being done.		
<b>Recommendation 2</b> <b>Ref:</b> Standard 23.6 <b>Stated:</b> First time <b>To be completed by:</b> 2 March 2016	The registered manager should ensure that the content of training programmes provided are maintained in the home and are available for inspection.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> We will arrange this.		
<b>Registered Manager completing QIP</b>	D Wallace	<b>Date completed</b>	14-4-16
<b>Registered Person approving QIP</b>	D Wallace	<b>Date approved</b>	14-4-16
<b>RQIA Inspector assessing response</b>	Bronagh Duggan	<b>Date approved</b>	15-4-16

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