

Inspection Report

4 April 2023



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 Responsible Individual: Mr Samuel Derek Robinson Wallace	Registered Manager: Ms Rhonda Henry Date registered: 13 April 2023
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.
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: 10
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 4 April 2023 from 9.30am to 6.00pm by two care inspectors.

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 kind and friendly. Residents were observed to be well presented and enjoying the company of others in the communal lounges.

Staff told us that they enjoyed working in Victoria House 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 during the inspection and the lack of robust governance arrangements, assurances were sought from Mr Samuel Wallace, Responsible Individual to confirm how these areas would be addressed. Mr Wallace told us that he had sought the support from an external consultant to provide support to the management team. An action plan was submitted to RQIA detailing the actions to be taken. RQIA accepted these actions and progress 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

Residents spoken with during the inspection told us they were happy living in Victoria House and told us that all the staff members were very nice. Residents told us that "staff are friendly; all you do is ask and you get".

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. No completed responses were received from the online survey.

A record of compliments received about the home was kept by the manager and shared with the staff team.

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 11 October 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.	Met
	Action taken as confirmed during the inspection: This area for improvement is met as stated, however, a further area for improvement in regards to recruitment was identified. This is discussed further in section 5.2.1.	
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.	Partially met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was partially met. This is discussed further in section 5.2.2. This area for improvement has not been fully met and has been stated for a second time.	

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.	Not met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was not met and this is discussed further in section 5.2.3. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 4 Ref: Regulation 10(1) Stated: 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.	Partially met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met. This area for improvement has not been fully met and has been stated for a second time.	
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 27.1 Stated: Second time	Identified cupboards are repainted to ensure they remain clean and decorated to a standard acceptable for the residents.	Met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was met.	

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 taken as confirmed during the inspection:</p> <p>A review of records evidenced that this area for improvement was met.</p>	Met
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 taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was not met and is subsumed into an area for improvement under regulation.</p>	
Area for improvement 4 Ref: Standard 20.15 Stated: 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>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was partially met and is subsumed into an area for improvement under regulation.</p>	Partially met

Area for improvement 5 Ref: Standard 20.3 Stated: Second time	<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>	Not met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and is subsumed into an area for improvement under regulation. This is discussed further in section 5.2.5.</p>	
Area for improvement 6 Ref: Standard 20.11 Stated: Second time	<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>	Partially met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and is subsumed into an area for improvement under regulation. This is discussed further in section 5.2.5.</p>	
Area for improvement 7 Ref: Standard 29.6 Stated: First time	<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>	Partially met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and is stated for s second time this is discussed further in section 5.2.1.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	

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.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	
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.	Not met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement is not met. This area for improvement has not been met and has been 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 two newly appointed staff members' recruitment files evidenced that not all pre-employment checks were in place prior to the new employees commencing post. This was discussed with the manager and 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 stated for a second time.

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. However, the duty rota did not identify the person in charge when the manager was not on duty nor did it contain staff full names or the designation in which they worked; an area for improvement was identified.

Person in charge competency and capability assessments had not been carried out for those staff who take charge of the home in the absence of the manager. This was discussed with the manager during feedback and an area for improvement was identified.

The manager told us that there was good teamwork within Victoria House. Staff also spoke positively about the care which was delivered and the support they received 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 had been created in a timely manner.

Further review of records evidenced that the residents' care plans and risk assessments had been rewritten, although, some of the care plans and risk assessments in place lacked personalised detail to direct the care required for each resident. For example, diabetes care plans and the assessment of hobbies and spirituality preferences. This was discussed with the manager and an area for improvement was stated for a second time.

Under the Mental Capacity Act some residents may be subject to a Deprivation of Liberty (DoLs) assessment. This was discussed with the manager who was not clear if any residents were subject to a Dols. This was discussed with the manager who agreed to implement systems to maintain oversight and review of these arrangements and ensure training is updated.

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 and a post falls protocol had been developed.

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. The home had been tastefully decorated for Easter throughout the communal lounge and dining area.

It was observed that a small number of wardrobes were not secured to the wall and hand washing facilities were not available in each bedroom. This was discussed with the manager who agreed to address this. This shall be reviewed further at the next inspection.

Three internal fire doors were observed to be wedged open. The manager addressed this at the time of inspection. Further assurances had been sought from the Responsible Individual following the inspection given that this had been identified as an area for improvement at the previous inspection and is therefore stated for a second time. RQIA accepted the assurances provided by the responsible individual in writing and through the submitted action plan that this area would be addressed.

Staff were observed washing their hands regularly and to use personal protective equipment (PPE) appropriately.

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 Easter.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Rhonda Henry's application to register as manager was approved following the inspection on 13 April 2023.

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, though as previously stated, this was not identified on the duty rota. Staff were also aware of their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

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 was 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 previously stated under the Standards has been subsumed into an area for improvement under Regulation.

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 has now been subsumed into an area for improvement under Regulation.

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 discussed with the manager and an area for improvement in this regard previously stated under the Care Standards has now been subsumed into an area for improvement under Regulation.

In addition, some accident and incident forms were not fully completed and did not identify if the care manager had been informed. An area for improvement was stated for a second time.

A review of records evidenced that a weekly audit to review areas such as the duty rota, dining experience and the environment was not consistently completed. Whilst it was positive that further audits had been introduced, these audits lacked detail and were not robust in identifying deficits. Due to these deficits an area for improvement in this regard was partially met and has now been subsumed into an area for improvement under Regulation.

It was positive to see that the registered person had completed the monthly monitoring reports, however, the report lacked specific detail and an area for improvement previously made under the Standards has been subsumed into an area for improvement under Regulation.

Given the inspection findings, RQIA sought assurances from the Responsible Individual to confirm how these deficits were to be addressed. We were told that support for the management team had been sought from an external consultant to assist in addressing these deficits. An action plan was submitted to RQIA supporting this. 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 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	9*	4*

* the total number of areas for improvement includes four that has been subsumed into areas for improvement under regulation and three under regulation and two under standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Rhonda Henry, Registered Manager, 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 Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16 (1) Stated: Second time To be completed by: 1July 2023	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. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: I have carefully looked at all care files and assessed what needs to be done to ensure that all information relating to the residents care and day to day needs are carried out such as medication, being aware of residents with more complex needs such as Diabetics, neurological disorders disabilities and injuries including their every day care needs. In the change of an event, health can deteriorate very quickly, this can include mobility assessments, falls risk assessments and care notes need to be altered accordingly and implemented in their care files as soon as possible.
Area for improvement 2 Ref: Regulation 27(4) (i) (v) Stated: Second time To be completed by: Immediately and ongoing	The registered person shall ensure the practice of wedging open fire doors is ceased immediately. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: All fire doors are currently closed from the last inspection with immediate effect except for fire doors that have a Jorgard fitted this is to ensure that the residents have easy access for use throughout the day.

<p>Area for improvement 3</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 30 June 2023</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 monitoring of NISCC registrations.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: I have recently implemented and had support from an outside advocate to ensure that I have the correct audits in place to ensure that there is a robust governance system in place.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 21 (5)</p> <p>Stated: First Time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure all pre-employment checks are completed prior to the prospective employee commencing employment.</p> <p>Ref:5.2.1</p> <p>Response by registered person detailing the actions taken: I am currently doing this with staff at present, though as discussed with Inspector before it is hard to get in touch with previous employers due to high return of staff, I also record when I contact them for future reference.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 8 (1) (b) (iii)</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2023</p>	<p>The registered person shall ensure the manager is undertaking their protected management hours to ensure the improvements required to the necessary processes of governance are completed/delivered upon consistently.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: Currently I am getting one full day in the office, if not I spread it out into two half days to ensure that I get the protected time that I need, will discuss with the Proprietor if more time is needed.</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</p> <p>To be completed by: Immediately 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 m now currently using an audit form which is checked monthly to ensure that all staff are registered on the NISCC, and to check when they are due again, staff are made aware of this.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</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 and Quality Improvement Authority.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: I have always reported any Incidents/Accidents to RQIA as promptly as I could, will continue to do this in the future, staff are also made aware of the procedure and carry it out in my absence.</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 10(1)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2023</p>	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring of the day to day service provided by the home. This relates specifically to the robust completion, action planning and management oversight of all the governance quality assurance audits.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: As before I havew been currently doing Audits carrying these out weekly/monthly/two monthly, continually to draw up new audits when required, all are kept in a binder folder for easy access to see what needs to be done.</p>

<p>Area for improvement 9</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2023</p>	<p>The registered person shall ensure that the monthly monitoring report examines all aspects of the running of the home and includes consultation with residents, their relatives and staff and has a meaningful action plan in place where required.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The responsible person has drew up a meaningful form to ensure that all areas are covered and taken into account what is written down on the form whilst doing this audit to ensure all aspects of the home are covered.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 29.6</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing</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: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: Fire training has been done by all staff on EVO learning plus by EMS face to face 18-4-23 and fire drill completed in the home.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.6</p> <p>Stated: Second time</p> <p>To be completed by: Immediately 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: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: All accident and incident forms are fully completed to ensure all information is correct at time of accident/incident, and that appropriate action is taken following the event and reported to the Trust to improve the well-being and safety of the residents and the home.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that the duty rota:</p> <ul style="list-style-type: none"> Clearly identifies the full name and designation of all staff The person in charge in absence of the manager is clearly identified. <p>Ref: 5.2.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2023</p>	<p>Response by registered person detailing the actions taken: I have currently drew up new rota form with full name and designation of each staff member also who is in charge ther is a red sticker at side of name.</p> <p>The registered person shall ensure that competency and capability assessments are carried out with any person who is given the responsibility of being in charge of the home for any period of time prior to the person taking charge.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: An individual assessment is carried out on all senior carers to ensure that they are competent and capable, which involves training, with medication, mnaking sure thye are aware of different procedures, and knowing how to cope in an emergency situation, when they are in charge of the Care Home on the day that the Manager is not there and are responsible for the safety and well-being of the residents and the Home.</p>

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