



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 5 March 2020



Victoria House

Type of Service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 11 residents.

3.0 Service details

Organisation/Registered Provider: Victoria House Responsible Individual: Samuel Derek Robinson Wallace	Registered Manager and date registered: Rhonda Henry - registration pending
Person in charge at the time of inspection: 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 category LD. In addition, the home is registered to provide day care only to one individual living with dementia.
Categories of care: Residential Care (RC) I - Old age not falling within any other category LD - Learning Disability	Total number of residents in the residential care home on the day of this inspection: 11

4.0 Inspection summary

An unannounced inspection took place on 5 March 2020 from 09.45 hours to 14.15 hours. This inspection was undertaken by care and pharmacist inspectors.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care and medicines management inspections.

Evidence of good practice was found in relation to the homely environment and the relationships and rapport between residents and staff. We observed person centred care delivery, where residents were treated with dignity and respect. Good practice was also found in relation to the safe storage of medicines, the management of controlled drugs, medicine records and the administration of medicines.

Areas requiring improvement were identified in relation to the maintenance of equipment and refurbishment/replacement of identified chairs in the lounge.

The following areas were examined during the inspection:

- medicines management
- care delivery
- consultation with resident's relatives and visitors
- the home's environment
- management arrangements

Residents described living in the home as being a good experience. Residents unable to clearly express their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents, relatives, one visiting professional and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*3

*The total number of areas for improvement includes one standard which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Rhonda Henry, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care and medicines management inspection on 20 May 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings including medicines management issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You?' cards 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 electronic questionnaire. No responses were received within the agreed time frame of two weeks after the inspection.

During the inspection a sample of records was examined which included:

- personal medication records, medicine administration records,
- records of medicines requested and received
- controlled drug records
- medicines management audits
- care plans in relation to medicines management
- care records of two residents
- visitors book
- staff registration with Northern Ireland Social Care Council (NISCC)
- the home's adult safeguarding policy

Areas for improvement identified at the last care and medicines management inspection were reviewed and an assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care and medicines management inspection on 20 May 2019		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 10 Stated: Third and final time	The reason for and the outcome of the administration of medicines prescribed for use "when required" for distressed reactions should be recorded on every occasion.	Met
	Action taken as confirmed during the inspection: A sheet for recording the use of "when required" medicines had been implemented, including the reason for and outcome of their use. A sample of these was examined and had been maintained in a satisfactory manner.	
Area for improvement 2 Ref: Standard 31 Stated: Second time	The registered person shall ensure that personal medication records and any new entries are updated and verified by two members of staff to ensure accuracy in transcription.	Met

	Action taken as confirmed during the inspection: Personal medication records had been updated and verified by two members of staff. The majority of additions to these records had also been verified by two members of staff. The manager advised that this was expected practice.	
Area for improvement 3 Ref: Standard 30 Stated: First time	The registered person shall review the management of warfarin.	Met
	Action taken as confirmed during the inspection: The management of warfarin had been reviewed and was found to be satisfactory. Details of the warfarin dosage regime were telephoned to the home and received by two members of staff. Written confirmation of the warfarin dosage regime was then obtained on the same or the following day. Transcribing of dosage regimes involved two staff and a running stock balance for warfarin was maintained. Balances were checked and correct.	
Area for improvement 4 Ref: Standard 28.1 Stated: First time	The registered person shall ensure that Health and Safety procedures comply with legislation and cover: <ul style="list-style-type: none"> • working practices that are safe and without risk to health or welfare • the maintenance of a safe and healthy work environment <p>This is specifically in relation to ensuring the sink is repaired, that the toilet roll cover is repaired or removed, the provision of wipeable sheaths to cover lighting pull cords and that staff ensure that any visitors to the home sign in and out of the home.</p>	Met
	Action taken as confirmed during the inspection: Inspection of the home's environment established that this area for improvement had been met.	

Area for improvement 5 Ref: Standard 10.3 Stated: First time	The registered person shall ensure that residents’ care plans contain detailed information to direct the care of the resident, including the management of pain and distressed reactions.	Met
	Action taken as confirmed during the inspection: Two care plans were examined in relation to the management of pain and one in relation to the management of distressed reactions. Some information was included and a separate “when required” medicines record was additionally in use including further resident specific detail.	
Area for improvement 6 Ref: Standard 7.4 Stated: First time	The registered person shall ensure that completed written consent forms, where used, are maintained within individual care records. If a resident or their representative is unable to, or declines to sign, this should also be recorded.	Met
	Action taken as confirmed during the inspection: Review of care records confirmed that sufficient progress had been met regarding this area of improvement.	
Area for improvement 7 Ref: Standard 21 Stated: First time	The registered person shall ensure that the Adult Safeguarding policy is reviewed in accordance with the regional policy and procedure. This policy should be dated when issued and reviewed.	Met
	Action taken as confirmed during the inspection: Review of the home’s adult safeguarding policy file confirmed this area for improvement had been met.	

Area for improvement 8 Ref: Standard 1.7 Stated: First time	The registered person shall ensure that when the annual quality review report is prepared, it identifies the methods used to obtain the view and opinions of residents and their representatives. The report should also incorporate the comments made, issues raised and any actions to be taken for improvement.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 Medicines management

The following areas were examined during the inspection and were found to be satisfactory:

- ordering and receipt of medicines
- the standard of medicine records
- the administration of medicines
- management of controlled drugs
- management of antibiotics
- management of pain
- management of distressed reactions
- management of warfarin
- storage of medicines

It was positive to note that all areas for improvement from the previous medicines management inspection have been met and there were no areas for improvement identified during this inspection.

Ten personal medication records and medicine administration records were reviewed. These had been maintained in a satisfactory manner. A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed. A small number of minor discrepancies were identified and discussed with the manager who agreed that these would be addressed immediately.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Newly prescribed medicines, including antibiotics, had been received into the home without delay and there were satisfactory systems in place for any medicine changes.

Medicines records were maintained in a satisfactory manner (see also section 6.1).

Medicines were safely and securely stored in accordance with the manufacturer's instructions. Medicine storage areas were tidy and organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. It was advised that inhaler spacer devices should be individually bagged in the storage cupboard, in the interests of infection prevention and control. The manager agreed to address this immediately.

Controlled drugs were being managed in a mostly satisfactory manner. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in the controlled drug record book. Checks were performed on controlled drugs which require safe custody, at each handover of responsibility. Staff were reminded to ensure that these records of reconciliation are signed by both staff involved on every occasion.

6.2.2 Care delivery

During the inspection, we saw care being delivered in a prompt and caring manner. Staff were friendly, cheerful and there were good interactions and communication between residents and staff. The staff we spoke with had a good knowledge of resident's individual needs and preferences. Staff also confirmed they received a range of training which aided effective care delivery in the home, such as virtual dementia training.

The residents we met with were well-presented, and looked content in clean and comfortable clothing. Residents were very positive about their experiences living in the home. Specific comments included:

- "My brother lived here, so I knew the home and the staff well. It's such a good home. I have no complaints. I am a picky eater, but I get what I want to eat."
- "I'm keeping well, all is good here."
- "We're all happy. The girls (staff) are lovely."
- "The staff are kind and nice."
- "We are very well looked after. The food is marvellous – sometimes we get too much! We get tea every hour."

We spoke with one resident who was staying in the home on a temporary basis. They told us that although they were happy and well looked after, they missed their dog. This resident was therefore delighted when the home made arrangements for the vet to bring the dog to the home for a visit. This is a good example of person centred care and the positive impact this can have on resident's wellbeing.

6.2.3 Consultation with resident's relatives and visitors

Several relatives were visiting the home during the inspection and they provided positive feedback about the care provided in the home:

- "I have no concerns about this home; the staff treat (my relative) like a person. The food is great, just good home cooking. My (relative) likes sitting in the lounge with her friends. She's content. It's just a homely, friendly place."
- "They do everything well here, I have no issues. My (relative) is happy. The staff are so kind and welcoming. I'm here every day and you always get a cup of tea."

We spoke with a district nurse who was visiting the home during the inspection. They told us:

- “I have no concerns about this home. It’s great; I would send my own family here. The residents are well cared for. The staff are good at highlighting any issues and referring them to nursing or the GP when needed.”

6.2.4 The home’s environment

There was a welcoming and friendly atmosphere throughout the home, facilitated by photographs of the residents enjoying activities such as Valentine’s Day celebrations. The home’s entrance was decorated with flowers and plants that residents had recently potted.

The home was clean, tidy and warm. We did note that one shower chair had rusted around the legs; this was immediately replaced on the day. A free standing toilet chair in one communal bathroom needed to be replaced as the arms were worn down. An area of improvement has been made.

Several residents were enjoying each other’s company in the main lounge. Residents told us they were comfortable. We did note the cushions and arm rests of some chairs were worn and required either replacement or repair. An area of improvement has been made.

6.2.4 Management arrangements

We discussed with the manager the need to complete her QCF Level 5 Management qualification and complete her registration with RQIA. The manager has agreed to address this immediately and we agreed a time frame for this.

The majority of staff in the home have completed their Level 2 training in relation to the partial implementation of the Mental Capacity (NI) Act 2016. Management provided sufficient assurances that all staff would complete this, and that senior staff would receive level 3 training in a timely manner.

When we spoke to the manager, we identified that one temporary member of staff had not provided confirmation of their Access NI certificate. We also were unable to confirm the NISCC registration of two members of staff. This information is important to ensure that only those suitable to work with vulnerable people are employed in the home. We received confirmation from the manager following the inspection that these safeguards were in place.

Areas of good practice

Evidence of good practice was found in relation to the homely environment and the relationships and rapport between residents, staff and visitors. We observed person centred care delivery, where residents were treated with dignity and respect. Good practice was also found in relation to the safe storage of medicines, the management of controlled drugs, medicine records and the administration of medicines.

Areas for improvement

Two new areas for improvement were identified during the inspection in relation to the maintenance of equipment and refurbishment/replacement of identified chairs in the lounge.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rhonda Henry, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 1.7 Stated: First time To be completed by: 20 May 2020	The registered person shall ensure that when the annual quality review report is prepared, it identifies the methods used to obtain the view and opinions of residents and their representatives. The report should also incorporate the comments made, issues raised and any actions to be taken for improvement. Ref: 6.6
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 28.3 Stated: First time To be completed by: 5 March 2020	The registered person shall ensure equipment including shower chairs and free standing toilet chairs are well maintained and replaced when required. Ref: 6.2.4
	Response by registered person detailing the actions taken: shower chair has been replaced, and are currently awaiting on the plumbing yard to reopen again as it closed due to pandemic.
Area for improvement 3 Ref: Standard 27.3 Stated: First time To be completed by: 5 September 2020	The registered person shall repair and/or replace the identified chairs in the lounge. Ref: 6.2.4
	Response by registered person detailing the actions taken: Once again once things return to normal again we will be looking at new chairs.

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



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