

Inspection Report

10 October 2023



Victoria House

Type of Service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Victoria House Responsible Individual: Mr Samuel Derek Robinson	Registered Manager: Mrs Rhonda Henry Date registered: 13 April 2023
Person in charge at the time of inspection: Ms Anne Marie McGuigan Senior Care Assistant	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: 9
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 10 October 2023, from 10.00 am to 5.00 pm 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.

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, teamwork was good and that the manager was approachable.

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 4 April 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) Stated: Second 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.	Met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement was met as stated.	
Area for improvement 2 Ref: Regulation 27(4) (i) (v) Stated: Second time	The registered person shall ensure the practice of wedging open fire doors is ceased immediately.	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 3 Ref: Regulation 10 (1) Stated: Second 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 monitoring of NISCC registrations.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 4 Ref: Regulation 21 (5) Stated: First Time	The registered person shall ensure all pre-employment checks are completed prior to the prospective employee commencing employment.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Regulation 8 (1) (b) (iii) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of records and discussion with the registered manager evidenced that this area for improvement was met.	
Area for improvement 6 Ref: Regulation 20 (1) (c) (ii) 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.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 7 Ref: Regulation 30 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 and Quality Improvement Authority.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	

Area for improvement 8 Ref: Regulation 10(1) Stated: First time	<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.</p> <p>This relates specifically to the robust completion, action planning and management oversight of all the governance quality assurance audits.</p> <p>Action taken as confirmed during the inspection: A review of records evidenced this area for improvement was met.</p>	Met
Area for improvement 9 Ref: Regulation 29 Stated: First time	<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>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met and is stated for a second time; this is discussed further in section 5.2.5.</p>	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 29.6 Stated: Second 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> <p>Action taken as confirmed during the inspection: This area for improvement was met as stated.</p>	Met
Area for improvement 2 Ref: Standard 8.6	<p>The registered person shall ensure accident and incident records are completed and confirm that the relevant trust staff have been informed.</p>	

Stated: Second time	Action taken as confirmed during the inspection: A review if records evidenced this area of improvement was met.	
Area for improvement 3 Ref: Standard 25.6 Stated: First time	<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>Action taken as confirmed during the inspection: A review of records evidenced this area for improvement was not met and is stated for a second time. This is further discussed in section 5.2.1.</p>	Not met
Area for improvement 4 Ref: Standard 27 Stated: First time	<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>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection

5.2 Inspection findings

5.2.1 Staffing Arrangements

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 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.

There were systems in place to ensure staff were trained and supported to do their job. Records evidenced that two staff had not attended a fire drill in the past twelve months. The manager confirmed this was addressed following the inspection.

Staff 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 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.

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.

Residents' needs were assessed at the time of their admission to the home, however, risk assessments and care plans were not created in a timely manner. The timely development of care plans for newly admitted residents was discussed with the manager following the inspection and an area for improvement was identified.

Further review of records evidenced that the residents' care plans and risk assessments had been rewritten, although, some of the mobility care plans and risk assessments did not identify what equipment the resident required. This was discussed with the manager who agreed to address this. This will be further reviewed at a future inspection and an area for improvement was identified.

Under the Mental Capacity Act some residents may be subject to a Deprivation of Liberty (DoLs) assessment. Staff spoke with were unsure if this applied to any resident in the home. This was discussed with the manager following the inspection and an area for improvement was identified.

Some residents who were at a risk of falling utilised assistive technology such as alarm mats. One resident did not have a care plan in place to direct staff on the use of the alarm mat and there was no record to evidence that the use of this equipment had been discussed with the resident, their representative or multi-disciplinary team. This was discussed with the manager following the inspection who agreed to address this. This will be further reviewed at the next inspection.

Records had been maintained for residents detailing the care and support provided by staff, however, gaps in the record keeping were observed where care was either not provided or provided but not recorded. This was discussed with the manager who agreed to address this and this will be further reviewed at the next inspection.

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.

There was evidence of onward referrals and consultation with the GP when a resident experienced a fall and the care records reflected this.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced that the home was warm, clean and comfortable. Residents' bedrooms were clean, tidy, and personalised with items of importance to the resident. Some minor infection prevention and control issues were confirmed to be addressed following the inspection.

Bedrooms and communal rooms were well decorated, and suitably furnished, with a warm atmosphere created by homely touches such as pictures, cushions and ornaments.

Corridors and fire exits were maintained free from obstruction. Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

Staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance. Review of training records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Residents were happy with the standard of cleanliness in the home.

5.2.4 Quality of Life for Residents

Residents were able to choose how they spent their day. It was observed that residents could move freely around the communal areas of the home or spend time in the privacy of their bedrooms if they wished.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their surroundings and in their interactions with staff. One resident said, "I get on well here and feel well looked after." Another resident said, "I am happy here."

Residents were encouraged to participate in the running of the home through regular resident meetings.

The grounds of the home were well maintained and accessible to residents.

An activities programme included arts and crafts, games, walks and singalongs.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Following the last inspection, Rhonda Henry registered with RQIA as manager 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.

A review of the records of accidents and incidents confirmed that these were appropriately escalated to the GP. Records evidenced that these were reported to RQIA, next of kin and care manager as required.

A review of records evidenced a system of audits had been developed to review areas such as the environment, accidents and the incidents dining experience. It was positive that these audits had been introduced. The audit for the staff registrations were not available to review and further enhancement of the care plan audits were discussed with the manager. This area for improvement was carried forward for further review at the next inspection.

There had been no monthly monitoring reports completed since the last inspection; this was discussed with the manager and an area for improvement was stated for a second time.

6.0 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 (December 2022) (Version 1:2).

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

* the total number of areas for improvement includes three under regulation and one under standards carried forward for review at the next inspection and one under regulation and one under standards stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Anne Marie McGuigan, Senior Care Assistant, 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 10 (1) Stated: Second time To be completed by: 30 June 2023	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. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 21 (5) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure all pre-employment checks are completed prior to the prospective employee commencing employment. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 20 (1) (c) (ii) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure robust arrangements are in place which allow the manager to effectively monitor the registration of staff with NISCC. Ref:5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Regulation 29 Stated: Second time To be completed by: 31 December 2023	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. Ref:5.1 and 5.2.5
	Response by registered person detailing the actions taken: We have commenced with introducing a template which covers all aspects of the running of the care home which is now filled out monthly and actioned where applicable concerning all appropriate people and any relevant action to be taken.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 27 Stated: First time To be completed by: 10 January 2024	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. 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 25.6 Stated: Second time To be completed by: 10 January 2024	The registered person shall ensure that the duty rota: <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. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: The duty rota now clearly identifies the full name of all staff, also the designation and whom is in charge if the Manager is absent.
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 31 December 2023	The registered person shall ensure there is a robust system in place to ensure following admission residents risk assessments and care plans are developed in a timely manner. Ref: 5.2.2
	Response by registered person detailing the actions taken: Due to the Manager being off on Compassionate leave the Care Plan had not been done and Staff were unaware of this, so in the future Staff will be more in sync as this has been shared with all Care Staff that Care Plans, have to be filled out in one months time after arrival and any risk assessments has to be filled out as soon as possible to make sure staff are aware of any aspects of care that is needed for their continuous care and support.

Area for improvement 4 Ref: Standard 20 Stated: First time To be completed by: With immediate effect	The registered person shall ensure all staff complete appropriate training in regards to Deprivation of Liberty safeguards (DoLs) and a register is in place in the home to ensure managerial oversight of any resident who has a DoL in place. Ref: 5.2.2
	Response by registered person detailing the actions taken: All staff have completed their DOL's training as this is on-line training, and on-going every year, also i have all DOL Safeguards kept in their care file, so staff are aware of who is on the DOL register, all other relavent information is kept in a file.

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