

Unannounced Care Inspection Report

20 October 2020



Victoria House

Type of Service: Residential Care Home (RCH)
Address: 22 Moneyleck Road, Rasharkin BT44 8QB
Tel No: 028 2957 1423
Inspector: Marie-Claire Quinn

www.rqia.org.uk

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 residential care home registered to provide residential 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 (acting)
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 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 home on the day of this inspection: 9

4.0 Inspection summary

This unannounced care inspection took place on 20 October 2020 from 10.50 to 16.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

RQIA received information which raised concerns in relation to care delivery in the home. In response to this information RQIA decided to undertake an inspection.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- care delivery
- recording of care
- the home's environment
- management and governance arrangements.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*8

*Areas for improvement include one standard which has been stated for a second time, and one standard which was not reviewed and is carried forward to the next 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

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 'Tell Us' cards were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- care records for three residents
- complaints records
- accidents and incidents records.

Areas for improvement identified at the last care and medicines management inspection were reviewed and an assessment of compliance recorded as met or not met. One area for improvement was not reviewed as part of this inspection and is carried forward to the next care inspection.

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 care and medicines management inspection on 5 March 2020

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 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. Ref: 6.6	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.	
Area for improvement 2 Ref: Standard 28.3 Stated: First time	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	Met
	Action taken as confirmed during the inspection: Inspection of the home's environment including identified equipment confirmed this area for improvement had been met.	

Area for improvement 3 Ref: Standard 27.3 Stated: First time	The registered person shall repair and/or replace the identified chairs in the lounge. Ref: 6.2.4	Not met
	Action taken as confirmed during the inspection: Inspection of the chairs in the lounge confirmed this area for improvement had not been met and will be stated for a second time.	

6.2 Inspection findings

6.2.1 Care delivery

Residents looked very well cared for, in clean and comfortable clothing. Residents told us they felt content and happy living in the home. Resident's daily routines were flexible depending on their individual needs and preferences; for instance two residents were enjoying a lie in that morning. Some residents were relaxed sitting together chatting in the lounge, while others preferred the privacy of their own bedroom.

No concerns were raised regarding staffing levels in the home. There were sufficient staff available during the inspection to care for residents in a timely and effective way.

We observed staff caring for residents in a kind, patient and cheerful manner. Staff knew and understood resident's individual needs and preferences. Staff were also able to describe the appropriate actions they would take if they noticed any changes in a resident's health or behaviour.

We spoke with a district nurse who was visiting the home during the inspection. They reported they had no concerns regarding the care being delivered to residents, and confirmed that staff appropriately sought medical advice and intervention in a timely manner. This was also confirmed by a Northern Health Social Care Trust (NHSCT) social worker we spoke with following the inspection.

Residents were offered a nutritious and varied diet. Food, including bread, was freshly prepared in the home. On the day of inspection, residents were offered a choice of chicken burgers or sausages for their lunchtime meal, served with potatoes and vegetables. Dessert was apple sponge with fresh cream. A lighter evening meal was available of vegetable soup, pancakes and garlic bread. Residents told us they enjoyed their meal and liked the food in the home. Staff were visible and attentive in supporting resident's with eating, if required.

There was evidence of a range of therapeutic and social activities offered to residents, including an activities board and photographs of residents enjoying different activities. This included country and western singing and a pamper day. There was also evidence of good involvement in the community, as residents had contributed to a charity shoe box appeal and appeared in an article in the local newspaper.

No further feedback was provided from residents, relatives or staff following the inspection.

6.2.2 Recording of care

Care records were personalised and included sufficient information to guide staff on resident's needs. There was clear evidence of consultation resident's relatives and with other healthcare professionals, such as G.P's, district nursing and care managers, when required.

Deficits were identified in the pre-admission assessment of one resident. Additional written assurances were received from the manager following the inspection. An area for improvement was made.

Assessments and care plans were in place and were regularly reviewed and updated when any changes required. Care plans for two residents with specific additional physical care needs required further detail. The manager provided written confirmation that this was in place following the inspection.

Progress notes were completed regularly, and more frequently for those residents experiencing a change in their health or presentation. For residents where there had been no changes, progress notes were not completed on a minimum weekly basis, in line with standards. An area of improvement was made.

6.2.3 The home's environment

The home was clean, tidy and warm.

One cupboard in the laundry room and in a number of resident's bedrooms were showing signs of wear and tear; the paintwork was chipped. An area of improvement was made.

The home's stair lift was being replaced on the day of inspection. Discussion with staff confirmed this had very recently broken down and management had made arrangements to have this fixed without delay.

Discussion with staff and observation of practice confirmed there was sufficient supplies of Personal Protective Equipment (PPE) in the home. We did note that additional PPE supplies were required on the first floor of the home. We observed occasions when staff were not wearing their face masks or gloves correctly. This was addressed with the manager and an area for improvement made.

We discussed additional Infection Prevention and Control (IPC) measures to be implemented in the home. Management agreed to replace and laminate signage and ensure additional foot operated pedal bins were available in the home. Additional supplies, such as clinical waste bags, were ordered during the inspection.

6.2.4 Management and governance arrangements

Staff told us that management were supportive and responsive to any issues identified in the home. Staff were kept informed and up to date through online training, staff handovers and staff memos.

The responsible person joined the inspection for a short period. They outlined the difficulties and challenges the home had faced due to the COVID-19 pandemic and how they had maintained oversight of the home through regular telephone contact with staff and relatives,

window visits and visits into the home when possible. A written record of these remote visits, and any identified action plans made as a result, had not been maintained. Management agreed to recommence this immediately.

Acting management arrangements remain in place in the home. This was discussed with the manager who was reminded of the need to submit their application to RQIA for progression.

There were adequate systems in place for management review of care records and care plans. However management had not retained oversight of resident's annual care reviews, which were now overdue. An area for improvement was made.

Review of accident and incidents records was satisfactory. Incidents were reported to RQIA in a timely manner, with the exception of one incident. This was discussed in detail with the management and guidance provided. An area of improvement was therefore not required on this occasion.

Review of complaints records were satisfactory. The home also retained thank you cards and letters from relatives which were displayed throughout the home.

We identified a lack of a systematic audit programme in the home. For instance, management had not completed audits of complaints to identify any trends and drive the necessary improvements in the home. An area for improvement was made.

Areas of good practice

Areas of good practice were identified regarding the care delivery in the home.

Areas for improvement

Six new areas for improvement were identified during the inspection in relation to pre-admission assessments, progress notes, repainting of identified cupboards and staff's adherence and correct use of PPE. Additional areas for improvement were identified regarding residents annual care reviews, management's system of audits, and notification of accidents and incidents to RQIA in a timely manner.

	Regulations	Standards
Total number of areas for improvement	0	6

6.3 Conclusion

The home was clean and tidy. Residents looked well cared for and were very settled and content. Residents told us they were happy living in the home. Staff were visible, attentive and caring towards residents. Residents were provided with healthy and nutritious meals, and enjoyed a range of activities depending on their needs and preferences.

Areas for improvement are to be managed through the Quality Improvement Plan (QIP) below.

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 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 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	<p>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.</p> <p>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.</p> <p>Ref: 6.6</p>
Area for improvement 2 Ref: Standard 27.3 Stated: Second time To be completed by: 20 April 2021	<p>The registered person shall repair and/or replace the identified chairs in the lounge.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: This is still on-going due to no professionals able to enter home at present.</p>
Area for improvement 3 Ref: Standard 3.4 Stated: First time To be completed by: From the date of inspection	<p>The manager ensures that a referral form providing all necessary information, including any risk assessment relating to the resident and the delivery of their care and services, is completed before the resident is admitted. This includes any documents from the referring Trust, which are dated and signed when received.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: All required pre-admission documents are in place for any resident who is admitted to the home, at present I am unable to go to do pre-assessment due to Covid but this will reassume again, care documents are received by Care Manager at present.</p>
Area for improvement 4 Ref: Standard 8.2 Stated: First time To be completed by: From the date of inspection	<p>Resident records are kept and when no recordable events occur, there is an entry at least weekly for each resident to confirm that this is the case.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Recording is done on a daily basis when required or weekly update.</p>

Area for improvement 5 Ref: Standard 27.1 Stated: First time To be completed by: 20 April 2021	<p>Identified cupboards are repainted to ensure they remain clean and decorated to a standard acceptable for the residents.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Due to the Covid outbreak this is not possible but will resume as soon as possible.</p>
Area for improvement 6 Ref: Standard 28.3 Stated: First time To be completed by: From the date of inspection	<p>The registered person shall promote safe and healthy working practices in infection control and the use of Personal Protective Equipment.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: All staff's supervision has been done and any new updates are also passed on to staff by supervision, staff meetings can't be held due to the number of staff gathering together with the two metre distance required, PPE is worn by all staff and changed between every resident.</p>
Area for improvement 7 Ref: Standard 11 Stated: First time To be completed by: From the date of inspection	<p>The home contributes to or organises reviews of residents' placement in the home, on a minimum annual basis.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: I have renewed the template and will keep in check when I need to organise for residents care reviews.</p>
Area for improvement 8 Ref: Standard 20.10 Stated: First time To be completed by: From the date of inspection	<p>Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary. This includes, but is not limited to, audits of complaints, the home's environment and IPC measures.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Audit has started since the end of October and done on a monthly basis residents views are always taken into account and if any action is required it is done so straight away. All necessary action has been taken in regards to Infection Prevention and Control the home has had three deep cleans since beginning of December, we are continually aware of the importance of using PPE and changing between each resident.</p>

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



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