

# Inspection Report

27 January 2022



## 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

<p><b>Organisation:</b> Victoria House</p> <p><b>Registered Person:</b> Mr Samuel Derek Robinson Wallace</p>	<p><b>Registered Manager:</b> Miss Rhonda Henry – not registered</p>
<p><b>Person in charge at the time of inspection:</b> Miss Rhonda Henry</p>	<p><b>Number of registered places:</b> 11 Residents on 1st floor have low dependency in terms of mobility and require minimum assistance. Not more than one person in Cat. LD</p> <p>The home is approved to provide care on a day basis only to 1 person in category of care DE (dementia).</p>
<p><b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category LD – Learning disability.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 9</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 11 residents. Bedrooms are located over two floor and residents have access to a communal lounge and dining room situated on the ground floor.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 27 January 2022 from 10.00am to 4.30pm 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 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 all very kind. Residents were observed to be neat and tidy and enjoying the company of others in the communal lounges. Other residents were observed to be spending time in their bedrooms and staff supported them in making these decisions.

Staff told us that Victoria House was a good place to work and that the manager was approachable.

We found that there was safe, effective and compassionate care delivered in the home. Some areas for improvement have been identified namely in relation to managerial oversight and governance arrangements.

The findings of this report will provide the manager 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 and 'Tell Us' 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 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

Nine residents were spoken with during the inspection. Residents spoke positively about living in Victoria House and told us that all the staff members were very nice. Residents said:

- "You couldn't wish for better...I'm very happy here. The food is good, everything is good".
- "If I had a problem I could approach the staff but I have never had a problem... the staff look after me very well...the food is far too good, it's brilliant. Ann-Marie (staff) is marvellous".
- "The staff members were all very nice and kind... the food is good".

Staff told us that Victoria House is a good place to work. Staff said:

- “It’s a good wee home. The home is warm and clean and the residents are well looked after”.
- “It’s a good place to work. The care is good and Rhonda (manager) is approachable”.

RQIA did not receive any returned questionnaires from residents, relatives or staff.

A record of compliments received about the home was kept by the manager and shared with the staff team. A comment from a thank-you card noted:

- “Thank you for all your hard work and everything you do for (resident)”.

## 5.0 The inspection

Areas for improvement from the last inspection on 20 October 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 1.7 <b>Stated:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement had been met. Going forward, it is important that the report further analyses the opinions of residents and their representatives and records those actions taken to drive improvement.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.3 <b>Stated:</b> Second time	The registered person shall repair and/or replace the identified chairs in the lounge.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the home’s environment confirmed that this area for improvement had been met. New chairs had been purchased for the communal lounge.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 3.4</p> <p><b>Stated:</b> First time</p>	<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 style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of care records evidenced that this area for improvement had been met.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p>	<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 style="text-align: center;"><b>Not Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Feedback from staff evidenced that they complete a daily handover in respect of each resident; however, this was not reflected in residents' care records. A review of care records evidenced that there was not always an entry made at least weekly.</p> <p>This area for improvement has been stated for a second time.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p>	<p>Identified cupboards are repainted to ensure they remain clean and decorated to a standard acceptable for the residents.</p>	<p style="text-align: center;"><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the environment evidenced that this area for improvement had not been met. The home was requested to provide RQIA with a refurbishment plan namely in relation to the laundry room and identified cupboards.</p> <p>This area for improvement has not been met and is stated for a second time.</p>		

<b>Area for improvement 6</b> <b>Ref:</b> Standard 28.3 <b>Stated:</b> First time	The registered person shall promote safe and healthy working practices in infection control and the use of Personal Protective Equipment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of staff practice evidenced that this area for improvement had been met.	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	The home contributes to or organises reviews of residents' placement in the home, on a minimum annual basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of residents care records evidenced that this area for improvement had been met.	
<b>Area for improvement 8</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	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.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of governance records evidenced that this area for improvement had not been met. This is discussed further in Section 5.2.5.  This area for improvement has not met and is 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 a staff recruitment file evidenced that an Enhanced AccessNI check had been sought, reviewed and received prior to the staff member commencing employment. However, a reference from the individual's last employer was not received prior to the individual's start date. An area for improvement was made.

There were systems in place to ensure staff were trained and supported to do their job. Staff training included: adult safeguarding; dementia awareness; first aid; manual handling; and health and safety.

A review of records evidenced there was no clear system in place to ensure staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). This is further discussed in Section 5.2.5.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. It is important that the duty rota accurately records the full names of staff and the capacity in which they work; the manager agreed to action this.

During discussion with both the manager and registered person, they advised the difficulties they have experienced during COVID-19 in relation to recruiting and retaining staff. This has resulted in the manager often covering clinical shifts; the manager's working pattern is further discussed in Section 5.2.5.

The manager advised that they have a very good staff group who all "pull together and help one another out". Staff also spoke positively about the care which is delivered in Victoria House and the support they receive from the manager.

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.

## 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. For example, one resident was identified to be upset when reminiscing on past life events and the staff member provided emotional support and reassurance in a sensitive manner.

Staff met at the beginning of each shift to discuss any changes to the needs of residents. Staff members 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.

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

Residents' needs were assessed at the time of their admission to the home. A review of care records evidenced that risk assessments were devised in a timely manner; however, a delay was noted in implementing residents' care plans. It is important that care plans are developed on a timely basis in order to direct staff on how to meet residents' needs following admission. An area for improvement was made.

A review of care plans evidenced these were regularly reviewed in order to direct the residents' care. One care plan had not been reviewed for some time which made it difficult to determine the resident's changing care needs. The manager acknowledged this and agreed to review and update the identified care plan.

### **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.

Some areas of the home were identified to be in need of repair / refurbishment, namely, the laundry room and identified cupboards which required repainting / replacing. The manager and registered person advised of the difficulty of completing maintenance work due to the COVID-19 pandemic but acknowledged the need to address these areas. The manager agreed to submit a refurbishment plan to RQIA post inspection. An area for improvement has been stated for a second time.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Visiting arrangements were managed in line with DoH and Infection Prevention and Control (IPC) guidance.

### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents were observed to be in the lounge conversing with one another, while other residents opted to remain in their bedrooms. 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. Residents spoke positively about the activities on offer.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Rhonda Henry remains the manager and is in the process of applying to RQIA to become the registered manager.



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, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Some deficits were identified in respect of governance and managerial oversight arrangements within the home. For example, discussion with the manager and a review of the duty rota highlighted that the manager is often providing clinical cover which therefore reduces her time to attend to managerial duties.

The impact of this was evidenced by some of the deficits noted such as shortfalls relating to care records; staff recruitment and governance arrangements which are discussed further below. It is necessary that the manager is afforded sufficient time to ensure the home delivers services effectively in accordance with legislative requirements and minimum standards. An area for improvement was made.

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. An area for improvement was made.

A review of records evidenced there was no clear system in place to ensure staff members were appropriately registered with the Northern Ireland Social Care Council (NISCC). It was unclear if a number of staff were registered with NISCC on the day of inspection. RQIA received assurances post inspection in respect of staff registration and the manager confirmed that NISCC was in direct contact with other staff members assisting them in progressing their applications. It is necessary that a robust system is implemented which allows the manager to effectively monitor the registration status of all relevant staff members. An area for improvement was made.

A review of records highlighted there was no auditing system in place to ensure the home was operating consistently in line with their policies and procedures and to help drive improvement. An area for improvement has been stated for the second time.

A review of records highlighted that the monthly monitoring reports were being completed by the home manager rather than the responsible individual or an appropriate representative. An area for improvement was made.

## 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 (August 2011) (Version 1:1)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	8*

\*the total number of areas for improvement includes three standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Rhonda Henry, manager and Derek Robinson, registered provider as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (4) (b) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure two written references are obtained, including one from the applicant's most recent employer prior to an offer of employment being made.</p> <p>Ref: 5.0 &amp; 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> This will be done in the future, in my experience reference forms are sent out to previous workplaces and you have to keep chasing them up.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.2  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing	<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: 5.0</p> <p><b>Response by registered person detailing the actions taken:</b> This is normally done on all care files, I think it would have been around Xmas time that this was not the case, in the future this will be done I will be putting this in the diary as a reminder.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 April 2022	<p>Identified cupboards are repainted to ensure they remain clean and decorated to a standard acceptable for the residents.</p> <p>Ref: 5.0 &amp; 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> This work is currently on-going, downstairs has been undercoated awaiting Painter to return after Easter holidays.t</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 March 2022</p>	<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: 5.0 &amp; 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> I have an audit sheet in place now as I told Inspector if we knew what they were looking for it would be easier to resolve, this is now being carried out along with my other audits.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<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>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Due to client being on Respite and was expected to go home, Care Plan wasn't in place until 16-12-21 due to clients health deteriorating outlook for going home was less likely.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing.</p>	<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>Ref: 5.2.1 &amp; 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Office hours have been agreed but due to shortage of staff and holidays which have needed to be taken before new tax year office hours vary as soon as working hours go back to normal i will resume to take every Thursday 7-5 and Monday afternoon 2-5 this will enable me to carry out office duties.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 20.15</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate 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 Quality and Improvement Authority.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> <b>When an accident, incident, disease, death occur i follow the procedure of reporting to necessary people, Dr on Call, Family contacting the Ambulance if an emergency, documenting in accident book in the home, untoward event book, contacting the Trust, RQIA as soon as possible within 24 Hours. ALL staff made aware and signatures if required and those on duty reording in Care Files.</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 20.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate 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: 5.2.1 &amp; 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> New Staff employed are made aware they must get registered within six months of employment with NISCC. Check list of all permanent staff on display in the office to remind staff when it needs to be renewed again. All permanent staff are registered and new staff member has just started 2 weeks ago, she has been made aware of registering with the NISCC.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 20.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing.</p>	<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> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> I have spoke to owner about this and he is now carrying this out as previously I had been doing this.</p>

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



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