



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

**Inspection No:** IN018028  
**Establishment ID No:** 1319  
**Name of Establishment:** Victoria House  
**Date of Inspection:** 03 February 2015  
**Inspector's Name:** Colin Muldoon

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Victoria House
<b>Address:</b>	22 Moneyleck Road, Rasharkin. BT44 8QB
<b>Telephone Number:</b>	028 2957 1423
<b>Registered Organisation/Provider:</b>	Victoria House Mr D Wallace (Responsible Person)
<b>Registered Manager:</b>	Mr Derek Wallace
<b>Person in Charge of the Home at the time of Inspection:</b>	Mr Derek Wallace
<b>Other person(s) consulted during inspection:</b>	N/A
<b>Type of establishment:</b>	Residential Care Home
<b>Categories of Care</b>	RC-LD, RC-DE, RC-I
<b>Number of Registered Places:</b>	11
<b>Date and time of inspection:</b>	03 February 2015 10.55am – 1.25pm
<b>Date of previous inspection:</b>	08 October 2013
<b>Name of Inspector:</b>	Colin Muldoon

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- Residential Care Homes Minimum Standards (DHSSPS, 2011).

Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 METHODS/PROCESS**

Specific methods/processes used in this inspection include the following:

- Discussion with Mr Derek Wallace
- Examination of records
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback.

Any other information received by RQIA about this registered provider has also been considered by the Inspector in preparing for this inspection.

## **5.0 CONSULTATION PROCESS**

During the course of the inspection, the Inspector spoke to Mr Derek Wallace.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous Estates inspection on 08 October 2013.

### **Standards inspected:**

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety.

## **7.0 PROFILE OF SERVICE**

Victoria House Private Residential Home was a two-storey dwelling which has been adapted for use as a residential care home. The home is in Rasharkin village and is close to the village amenities. Victoria House accommodates 11 residents in bedrooms which are located on both the ground and first floors. There is a stair lift to facilitate travel between floors.

Internally, the home provides both a large and a small lounge on the ground floor, a smaller sitting area upstairs, kitchen, laundry and a range of bathroom and toilet facilities.

Externally there are gardens to the side and rear of the property, laid out in lawns and shrubs and there is a car park to the side of the home.

## **8.0 SUMMARY**

There was evidence of maintenance activities although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Victoria House on 03 February 2015 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds
- Standard 29 - Fire Safety.

This resulted in nine requirements and one recommendation. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mr Derek Wallace during the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous Estates inspection on 08 October 2013.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 27.-(2)(c)	Arrangements should be made for the stair lift to be thoroughly examined by a competent person every six months. (Ref: Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 – (LOLER) (Item 1 in previous Quality Improvement Plan)	The stair lift was serviced on 13 January 2015. The report on the service confirmed that it was in satisfactory condition. There was no documentation relating the LOLER thorough examination of the stair lift. For guidance the inspector sent an email to the home on 04 February 2015 attaching the Health and Safety Executive information sheet (HSIS4) <i>How the Lifting Operations and Lifting Equipment Regulations apply to health and social care.</i>	To comply with the Lifting Operations and Lifting Equipment Regulations (NI) 1999 the stair lift should be thoroughly examined by a competent person at intervals of 6 months or less. (Item 1 in Quality Improvement Plan)
9.1.2	Regulation 27.-(2)(c) and (q)	It must be ensured that a valid Gas Safe certificate is obtained. The certificate must verify that the gas appliance and pipework installation are in satisfactory condition and safe to use. It is recommended that a competent person verify that the pipe from the bulk tank to the building is in satisfactory	There was a certificate to confirm the upgrading of the gas pipeline to the kitchen and the installation of a gas interlock and emergency stop button in November 2013. However, there was no current Gas Safe certificate for the cooker installation.	A Gas Safe certificate should be obtained which verifies that the cooker installation is in a safe and satisfactory condition. (Item 2 in Quality Improvement Plan)

		condition. This has also been requested by the gas supplier. (Item 2 in previous Quality Improvement Plan)		
9.1.3	Regulation 27.-(2)(b)	The floor covering in the ground floor toilet requires to be replaced. (Item 3 in previous Quality Improvement Plan)	Completed.	N/A
9.1.4	Regulation 14.-(2)(c)	The action plan in the last review of the legionella risk assessment must be fully implemented. (Item 4 in previous Quality Improvement Plan)	Action has been taken to implement the findings of the last legionella risk assessment and measures are in place towards the control of legionella. Mr Wallace informed the inspector that arrangements had been made to review the legionella risk assessment and clean the cold water storage tanks during the week 09 – 14 February.	It should be ensured that the review of the legionella risk assessment is carried out as planned. The action plan arising from the review should be fully implemented. (Item 3 in Quality Improvement Plan)
9.1.5	Regulation 27.-(4)(f)	Arrangements must be made for all staff to participate in realistic practice fire drills at least once a year. Ref: Northern Ireland Firecode NIHTM84 which is available free on the RQIA website. A comprehensive record	There were records of several practice fire drills having been carried out over the last year. Between two and six staff took part on each occasion. It could not be confirmed that all staff participated.	Arrangements should be made to monitor attendance at drills to ensure that all staff on all shifts participate. (Item 6 in Quality Improvement Plan)

		should be kept of each session. (Item 5 in previous Quality Improvement Plan)		
9.1.6	Regulation 27.-(4)(d)(v)	It must be ensured that the emergency lights are function tested monthly in accordance with current good practice and that each occasion is recorded. Ref: BS 5266 (Item 6 in previous Quality Improvement Plan)	There are arrangements in place to function test the emergency lights.  The emergency lighting system duration test and maintenance was carried out 02 February 2015.	N/A
9.1.7	Regulation 27.-(4)(c)	If the digital lock on the front door is no longer required, for the safety of residents it should be robustly disabled. The advice of the fire safety advisor should be sought before the lock is ever reinstated. (Item 7 in previous Quality Improvement Plan)	Addressed.	N/A
9.1.8	Regulation 27.-(4)(a)	The issues identified in the fire risk assessment	The fire risk assessment was reviewed on 24 September 2014. The assessor confirms that	The person carrying out the next review of the fire risk assessment



		should be fully addressed. (Item 8 in previous Quality Improvement Plan)	the assessment was carried out using Firecode document HTM84. The fire risk assessor uses the designation GIFE MIIRSM.	should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. (Item 10 in Quality Improvement Plan)
9.1.9	Regulation 27.-(4)(e)	The management, content and frequency of fire safety training and drills must be in line with NIHTM84 which is available free on the RQIA website. Comprehensive records of fire safety training should be maintained. (Item 9 in previous Quality Improvement Plan)	The last recorded fire safety training was on 19 June 2014.  There has been a number of practice fire drills carried out over the last year. Refer to item 9.1.5	Fire safety information, instruction and training should be provided to all staff at least twice a year. (Item 7 in Quality Improvement Plan)
9.1.10	Regulation 27.-(4)(d)(iv)	Records should be obtained for the recent servicing of the fire alarm and emergency lighting systems. The records should confirm that the installations are in satisfactory condition and that servicing has been carried out in accordance	The emergency lighting system was maintained in February 2015.  Mr Wallace informed the inspector that the fire alarm system was maintained in October 2014 although there were no records relating to this.	There should be records to verify that the fire detection and alarm system is being maintained in accordance with good practice by a competent person not less frequently than every six months and preferably quarterly. (Item 8 in Quality Improvement Plan)

		<p>with the relevant British Standards - (BS5839 for the alarm system and BS5266 for the emergency lights)</p> <p>It should be ensured that service and testing is carried out at the frequency specified in the British Standards and that test and service records are retained. (Item 10 in previous Quality Improvement Plan)</p>		
9.1.11	Regulation 27.-(4)(d)(i)	<p>Where necessary fire doors should be adjusted so that they close automatically to provide an effective fire seal. It is recommended that door closing devices are upgraded to robust overhead closers. (Item 11 in previous Quality Improvement Plan)</p>	<p>Addressed.</p> <p>There has been an ongoing program to upgrade the door closers.</p>	N/A
9.1.12	Regulation 27.-(4)(b)	<p>In relation to fire safety, consideration should be given to the continued use and storage of</p>	<p>Addressed.</p>	N/A

		flammable aerosols. Advice should be sought from the fire safety advisor. (Item 12 in previous Quality Improvement Plan)		
9.1.13	Regulation 19.-(2)	Comprehensive records must be kept of all fire drills and training and the test and maintenance of fire safety installations and equipment. (Items 13 in previous Quality Improvement Plan)	There were fire safety records available for inspection.	A full set of fire safety and maintenance records should be maintained. (Item 9 in Quality Improvement Plan)

**9.2 Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 Mr Wallace informed the inspector that the thermostatic mixing valve was maintained in October 2014 although there were no records relating to this.

The legionella risk assessment recommends that the water installation be upgraded with the fitting of individual thermostatic mixing valves at water outlets.

(Item 4 in Quality Improvement Plan)

9.2.2 It was observed that there are blinds with untethered loop cords. These should be upgraded in line with safety alert EFA/2015/001. (The inspector emailed a copy of this alert to the home on 04/02/2015).

(Item 5 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan titled '**Standard 27 - Premises and grounds**'.

**9.3 Standard 28 - Safe and healthy working practices** - *The home is maintained in a safe manner*

9.3.1 No new issues.

**9.4 Standard 29: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.*

9.4.1 No new issues.

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Derek Wallace as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

## **11.0 Enquiries**

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT**

## Quality Improvement Plan

### Announced Estates Inspection

### Victoria House Residential Home

**03 February 2015**

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.					

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**NOTES:**

The details of the Quality Improvement Plan were discussed with Mr Derek Wallace as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to **estates@rqia.org.uk**.

**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	

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## Standard 27 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 27 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
1	Regulation 27.-(2)(c)	To comply with the Lifting Operations and Lifting Equipment Regulations (NI) 1999, arrangements should be made for the stair lift to be thoroughly examined by a competent person at intervals of 6 months or less. (Item 9.1.1 in report)  This is a restated requirement.	One month	
2	Regulation 27.-(2)(c) and (q)	A Gas Safe certificate should be obtained which verifies that the cooker installation is in a safe and satisfactory condition. (Item 9.1.2 in report)	One month	
3	Regulation 14.-(2)(c) 13.-(7)	It should be ensured that the review of the legionella risk assessment is carried out as planned. The action plan and scheme of legionella control arising from the review should be fully implemented within timescales acceptable to the legionella risk assessor. (Item 9.1.4 in report)	On month and ongoing	
4	Regulation 14.-(2)(c) 13.-(7)	The recommendations of the legionella risk assessor and the guidance in the code of practice L8 HSG274 Part 2 should be considered in relation to the installation of individual thermostatic mixing valves. (Item 9.2.1 in report)	Six months	

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5	Regulation 14.-(2)(a) and (c)	All blind cords should be surveyed and upgraded as necessary to be in line with safety alert EFA/2015/001. (Item 9.2.2 in report)	One month	
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## Standard 29 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
6	Regulation 27.-(4)(f)	<p>Arrangements should be made to monitor attendance at practice fire drills to ensure that all staff on all shifts participate and it can be verified that the emergency procedure can be effectively implemented at any time and when the minimum number of staff are on duty.</p> <p>Reference should be made to NIHTM84. (Item 9.1.5 in report)</p> <p>This is a restated requirement.</p>	Ongoing	
7	Regulation 27.-(4)(e)	<p>Fire safety information, instruction and training should be provided to all staff at least twice a year.</p> <p>Reference should be made to NIHTM84 (Item 9.1.9 in report)</p> <p>This is a restated requirement.</p>	Ongoing	
8	Regulation 27.-(4)(d)(iv)	<p>There should be records to verify that the fire detection and alarm system is being maintained in accordance with good practice by a competent person not less frequently than every six months and preferably quarterly.</p> <p>Reference should be made to BS5839. (Item 9.1.10 in report)</p> <p>This is a restated requirement.</p>	Eight weeks and ongoing	

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9	Regulation 19.-(2) 27.-(2)(q) 27.-(4)(d)(iv)	A full set of fire safety and maintenance records should be maintained. (Items 9.1.13 and 9.2.1 in report)	Ongoing	
<b>Item</b>	<b>Standard</b>	<b>Recommendation</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (s)</b>
10	Standard 29	The person carrying out the next review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained in: <a href="http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf">http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</a> <a href="http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf">http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</a> (Item 9.1.8 in report)	Within one year of date on current fire risk assessment	

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