

Inspection Report

Name of Service:	Victoria House
Provider:	Victoria House
Date of Inspection:	13 and 15 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Victoria House
Responsible Person:	Mr Samuel Derek Robinson Wallace
Registered Manager:	Ms Rhonda Henry
Service Profile – This home is a registered residential care home which provides health and social care for up to 11 residents who require general residential care. Bedrooms are located over two floors and residents have access to a communal lounge, bathrooms, a dining room and an enclosed garden area.	

2.0 Inspection summary

An unannounced inspection took place on 13 November 2024, between 10.00 am and 4.00 pm by a care inspector and was completed on 15 November 2024, between 11.15 am and 14.00 pm by an estates inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 10 October 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A serious concerns meeting was held on 27 November 2024 in relation to the day to day management and governance of the home including the safety of the premises

Based on the information provided to RQIA during this meeting a decision was made to request more information from the responsible person and the registered manager.

The previous Quality Improvement Plan (QIP) was also reviewed. Two areas for improvement were assessed as having been addressed by the provider. However, two regulations which had first been stated in January 2022, have been stated for a third time and two regulations, first stated in April 2023, have been stated for a second time. In addition, a significant number of new areas for improvement have been identified. Full details, including new areas for improvement identified, can be found in the main body of this report and in the Quality Improvement Plan (QIP) in Section 4.

3.0 The inspection

3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents said that living in the home was "first class". Comments included, "the staff are very good here, they do everything for you," and "it is lovely here, I really like it."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

There was evidence that there was a range of activities offered to the residents regularly. Residents were observed to be engaging in meaningful activities and interacting with one another and with staff in a relaxed way and having fun.

Staff told us that they enjoyed working there and that the resident's care was very important to them. One staff member said, "this is a very homely place."

No questionnaires were received from residents', relatives or visitors. No responses were received from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents.

A review of the recruitment checklist highlighted that there were no pre-employment checks in place for one member of staff and a second checklist did not record gaps in employment, induction and start dates. After the inspection a completed checklist was forwarded to RQIA, however this and the discussion with the manager during the serious concerns meeting evidenced that pre-employment checks had not been completed for this employee before they commenced working in the home. This had the potential to place residents at risk of harm. An area for improvement which was first stated on 4 April 2023, has now been stated for a second time.

Audits with regards to staff registration with the Northern Ireland Social Care Council (NISCC) were not robust. RQIA identified that two staff names were missing from the checklist provided. The lack of robust oversight has led to one staff member working in the home with no current registration in place. An area for improvement that was first stated on 23 April 2023 has now been stated for a second time.

Review of staff training evidenced that while the provider had indicated all staff had received DoLs and dysphagia training since the last inspection in October 2023, the record reviewed did not support this. Discussion with the manager during the serious concerns meeting confirmed that only eight out of 14 staff were compliant with DoLs training and seven out of 14 staff were compliant with dysphagia training. Previous areas for improvement, cited under the minimum standards have been subsumed into AFI under regulation to drive the improvement required.

There was no evidence of staff receiving individual, formal supervision or an annual performance appraisal. While there was evidence that some staff had completed a self-assessment of their own performance; there was no evidence of a formal appraisal with their line manager. Two areas for improvement were identified.

A review of the duty rota indicated that the roles/designation of staff on duty had not been recorded and the person in charge of the home in the manager's absence had not been consistently identified on the rota. This area for improvement was first identified on 4 April 2023 and stated for a second time on 10 October 2023 and has now been subsumed into an area for improvement under regulation to drive the improvement required.

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. For example, staff were observed carrying out activities with residents and supporting them during a visit by the podiatrist. Residents said that there was enough staff on duty to help them.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

The weekly programme of social events was made available to all residents in the home and residents confirmed that they were offered the choice of whether they wanted to attend or not. Residents' needs were met through a range of individual and group activities such as music events, board games, arts and crafts and parties for special occasions.

Residents were observed to be enjoying one another's company in the lounge. Residents' were also observed chatting and joking with staff and playing board games. There was a homely atmosphere.

Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager indicated that there were systems in place to manage residents' nutrition and mealtime experience.

There were enough staff present to support residents with their lunch time meal. The food served smelt and looked appetising and nutritious.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

It was noted that some records were stored in the home's 'hot press' and not held confidentially; this was discussed with the manager for immediate action. An area for improvement was identified.

Review of a sample of care records evidenced that residents' care plans were not reflective of their assessed needs. For example, care plans relating to DOLs did not indicate the specific safeguards in place; there was no care plan in place to manage the risks associated with smoking in the home; and one care plan stated that the resident needed to be referred to a community specialist team rather than directing staff on how to meet the resident's needs. When details were discussed with the manager during the serious concerns meeting it was evident that care records and care plans were not regularly audited to ensure they were accurate. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and décor was well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

However, serious concerns were identified in relation to the systematic checking of building systems such as the fire alarm system, management of the hot water and legionella control measures, electrical systems. Records which are required to be maintained in the home, such as engineer reports and certificates were not available for inspection. Following discussion with both registered persons RQIA were unable to determine when the home had last had a fire risk assessment completed by a competent person. Details were again discussed during the serious concerns meeting and it was confirmed that following the inspection a fire risk assessment had been completed on 26 November 2024. However, a number of areas for improvement in respect of the management of the premises have been identified. Please refer to section 3.3.6 for more details and the QIP for the areas for improvement identified.

In addition to the lack of a recent fire risk assessment it was identified that staff had propped open fire doors and combustible materials were being inappropriately stored near a heat source. Areas for improvement were identified.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; specifically, open access to the laundry which contained fabric softener. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Rhonda Henry has been the manager of this home since November 2016 and has been registered with RQIA since 13 April 2023.

Residents said that they knew who to approach if they had a complaint and that they had confidence that any complaint would be managed well.

A review of records evidenced that there were some audits in place to review falls, infection prevention and control (IPC) and hand hygiene, however these audits were not robust in identifying deficits and no action plans to drive improvement had developed following the audits. For example, the audit for monitoring staff registration with NISCC was incorrect with one staff member found to be working in the home without being appropriately registered.

Audits for staff training had been carried out, however no action plan was in place to follow up on staff training needs. There was no audit available for residents' care records resulting in incorrect and incomplete information being recorded in resident care plans. RQIA first issued an area for improvements regarding the systematic auditing of care and services provided by the home in January 2022. Despite RQIA's efforts to drive the necessary improvement over time this area for improvement has now been stated for a third time following the serious concerns meeting.

The home was visited by the responsible person in accordance with Regulation 29, however gaps in these visits were noted and reports were not reflective of the inspection findings. Details were discussed during the serious concerns meeting and an area for improvement, first identified on 4 April 2023 has now been stated for a third time.

3.3.6 Premises Inspection

A review of the building services maintenance engineer certificates, building user maintenance log books and associated risk assessment documents was completed by an RQIA Estates Inspector.

Some building user tests/examinations and control checks were implemented however a number of building services maintenance engineer verification certificates were not available for examination as follows:

1. The fire risk assessment document presented for examination was dated 10 April 2018.
2. The fire detection & alarm BS5839 maintenance verification certificates were not presented for review.
3. Weekly BS5839 fire alarm system test activations were completed and recorded in a work diary by the building user, location of manual call point activated was not recorded.
4. Monthly BS5266 functional test activations of the emergency lighting system were recorded in a diary by the building user.
5. Emergency lighting system BS5266 maintenance engineer certificates were not presented for examination;
6. Monthly Means of Escape route/fire door visual inspections were not recorded in a fire safety log book.
7. Monthly firefighting equipment/extinguishers visual inspections were not recorded in a fire safety log book;
8. The BS7671 periodic inspection report for the electrical installation was not presented for review;
9. The Gas Safe Register annual safety report/certificate for the gas appliances & service pipe work was not presented for review;

10. The space heating (oil boiler) annual engineer safety check was not presented for review;
11. A legionella/water safety risk assessment document was not presented for review;
12. Annual thermostatic mixing valve maintenance engineer service certificate was not presented for review;
13. Hot and cold water storage and distribution system temperatures were not recorded;
14. Bedroom doors are not fitted with `cold smoke` barriers (integral intumescent seal & smoke brushes) to prevent the passage of smoke at door perimeter/edging. Doors are not FD30S specification as required by NIHTM84 (Northern Ireland Health Technical Memorandum 84).
15. The emergency evacuation contingency plan to evacuate residents to a local church hall is not recorded in a care home policy document. Arrangements must be confirmed and documented in an emergency evacuation plan held within the home, and staff must be aware of all arrangements.

While some assurances were provided during the serious concerns meeting RQIA were unable to ascertain the details of an action plan to bring the home back into compliance with regulations and standards. RQIA have written to the provider asking for confirmation to be forwarded in writing to RQIA by a specific date. In addition, a number of areas for improvement have been identified. Refer to the QIP for details.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	17*	3*

* the total number of areas for improvement includes two regulations that have been stated for third time and two regulations that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Wallace, responsible person, and the person in charge of the home 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 21 (5) Stated: Second 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: 3.3.1
	Response by registered person detailing the actions taken: I have always made sure that all checks are done before starting any new staff member . Due to last new start there had been a slight delay on her reference , she was well known to me though this will not happen again
Area for improvement 2 Ref: Regulation 20 (1) (c) (ii) Stated: Second 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:3.3.1
	Response by registered person detailing the actions taken: I felt I had a strong enough arrangement in place for my for my NISCC checks. It was in my audit file on the day of the inspection and I also check I also check my NISCC account.
Area for improvement 3 Ref: Regulation 10 (1) Stated: Third 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: 3.3.5
	Response by registered person detailing the actions taken: I now understand to create a robust governance system is the whole general running of the home. I have always done the following checks ; 1. Daily temperatures in Drug cupboard 2. Daily Medicine Audit 3. Fire Audits 4. Fire extinguisher monthly 5. Fire detection test record done weekly 6. Emergency escape lighting monthly

	<p>7. Fire drill 6 monthly</p> <p>8. Fire doors and emergency exits</p> <p>9. Nurse call fortnightly</p> <p>10. Water temperatures weekly</p> <p>11. Supervision and appraisals are done on every staff member in the home</p> <p>12. Dysphagia and DOL training all complete</p> <p>13. Currently working on computerizing all care plans at present in conjunction with IT support</p> <p>14. In addition to the above I enter all your daily weekly and monthly checks the audit file</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: Third time</p> <p>To be completed by: 31 December 2023</p>	<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>Ref:3.3.5</p>
	<p>Response by registered person detailing the actions taken: We now have an advocate who does the monthly audits checks to ensure that all is being done for better upkeep and the smooth running of the home.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2024</p>	<p>The registered person shall ensure that staff who work in the home receive mandatory training as appropriate to their role. This area for improvement includes but is not limited to mandatory training with regards to deprivation of liberty and dysphagia.</p> <p>Ref 3.3.1</p>
	<p>Response by registered person detailing the actions taken: All staff now have completed their Dysphagia and DOL training and also completing their essential training.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2024</p>	<p>The registered person shall ensure that the staff duty rota:</p> <ul style="list-style-type: none"> • includes the full name and designation of all staff • clearly identifies the person in charge in absence of the manager <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: I have drew up a staff duty rota which includes full name, designation of staff, and identifies the person in charge when Manager is not there.</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 19 (1) (b)</p> <p>Stated: First Time</p> <p>To be completed by: 13 November 2024</p>	<p>The registered person shall ensure that confidential information relating to residents is safely secured.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: This is now locked away in a secure cupboard. Only senior staff have access to the key to this cupboard</p>
<p>Area for Improvement 8</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2024</p>	<p>The registered person shall ensure that residents to not have access to substances hazardous to their health such as laundry detergents.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: We always keep the likes of all detergents , softener locked away it just so happened that day the carer hadnt got round to putting it away in the future this will be dealt with straight away.</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2024</p>	<p>The registered person shall ensure that the required fire safety precautions are in place to protect residents, staff and visitors. This area for improvement is in relation to the propping open of fire doors and the storage of combustible materials.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All doors are completely checked now for any batteries going dead and replaced asap, combustile materials are locked away now in a more suitable place.</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2024</p>	<p>The registered person shall ensure that there is a current fire risk assessment completed by a competent person and that it is available in the home for inspection.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The fire risk assesssor had been planned to come out on 18/11/2024 but due to illness he couldn't come out untill the 26th Novemeber and it was completed that day which superceded the old FRA</p>

Area for improvement 11 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 13 November 2024	<p>The registered person shall ensure that the recommendations made following the fire risk assessment (FRA) are scheduled for implementation in accordance with the time frame listed in the FRA action plan.</p> <p>Ref: 3.3.6</p> <p>Response by registered person detailing the actions taken : Everything on the FRA has been done according to the timescale given in the new FRA and action plans submitted</p>
Area for improvement 12 Ref: Regulation 27 (4) (d) Stated: First time To be completed by: 13 November 2024	<p>The registered person shall submit copies of all current fire safety engineer maintenance verification certificates to RQIA. (BS5849 & BS5266).</p> <p>Ref: 3.3.6</p> <p>Response by registered person detailing the actions taken: All current fire safety certificates will be submitted before 31st January 2025 as work had been held back due to the holidays but is back on track again.</p>
Area for improvement 13 Ref: Regulation 27 (2) (t) Stated: First time To be completed by: 13 November 2024	<p>The registered person shall ensure that the electrical installation is inspected and tested in compliance with BS7671, and that any subsequent report action plan recommendations are implemented in accordance with the action plan time frame. A copy of the BS7671 periodic inspection report must be submitted to RQIA for review & record.</p> <p>Ref: 3.3.6</p> <p>Response by registered person detailing actions taken: all wiring is taking place at the present time and will be completed by the end of January. Reports have been submitted by email as they've been completed as they have come i to the home</p>
Area for improvement 14 Ref: Regulation 27 (2) (t) Stated: First time To be completed by: 13 November 2024	<p>The registered person shall ensure that a gas safe register (GSR) engineer completes a safety inspection of any gas appliances and associated service pipework. A copy of the GSR safety report must be submitted for RQIA review & record.</p> <p>Ref: 3.3.6</p> <p>Response by registered person detailing actions taken: The Calor external tank safety inspection is complete by a GSR engineer and submitted The pipework from the tank to the home and cooker is being done on the 28th January</p>

Area for improvement 15 Ref: Regulation 27 (2) (t) Stated: First time To be completed by: 13 November 2024	The registered person shall ensure that the space heating boiler is maintained in accordance with manufacturer's recommendations and that the maintenance verification certificate/report is submitted for RQIA review/record. Ref: 3.3.6 Response by registered person detailing actions taken: the central heating boiler has been serviced and a copy of the service document has already been forwarded to RQIA.
Area for improvement 16 Ref: Regulation 27 (2) (t) Stated: First time To be completed by: 13 November 2024	The registered person shall ensure that water safety risk assessment reports are completed for legionella and hot water hazards. Control measures must be implemented in compliance with respective report action plans recommendations. Copies of water safety risk assessment reports must be submitted to RQIA for review/record. Ref: 3.3.6 Response by registered person detailing actions taken: This has been done and forwarded to RQIA estate inspector.
Area for improvement 17 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 13 November 2024	The registered person shall make contingency arrangements to evacuate residents to a safe location in the event of a prolonged/ complete evacuation of the home. Confirm to RQIA that a contingency evacuation plan has been documented and included in staff training Ref: 3.3.6 Response by registered person detailing actions taken: This has been implemented and now have the procedure for the evacuation and and staff have been briefed.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 Ref: Standard 24.2 Stated: First time To be completed by: 31 December 2024	The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months. Ref: 3.3.1 Response by registered person detailing the actions taken: All supervision has been done individually with all staff.

Area for improvement 2 Ref: Standard 24.5 Stated: First time To be completed by: 31 December 2024	The registered person shall ensure that all staff have formal recorded appraisal annually. Ref: 3.3.1 Response by registered person detailing the actions taken: All appraisals have been done with all staff.
Area for improvement 3 Ref: Standard 6.6 Stated: First time To be completed by: 30 November 2024	The registered person shall ensure that care records are kept under regular review and are updated to reflect the residents' current needs. Ref: 3.3.3 Response by registered person detailing the actions taken: These are currentley being computerised alongside th current paper system.

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



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