

# Inspection Report

**Name of Service:** Victoria House

**Provider:** Victoria House

**Date of Inspection:** 25 March 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Victoria House
<b>Responsible Person:</b>	Mr Samuel Derek Robinson Wallace
<b>Registered Manager:</b>	Ms Rhonda Henry
<b>Service Profile</b>  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 25 March 2025, from 9.45 am to 4 pm by a care inspector and 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 13 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe and compassionate care was delivered to residents. However, a number of areas for improvement have been identified in relation to how the service is led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection fourteen areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection.

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 "very good". Comments included, "oh I love it here, it is great" and "the staff are very kind."

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.

One relative spoken to said, "I have nothing but praise for this place, the staff are great."

Staff told us that they enjoyed working there and that the resident's care was very important to them. One staff member said, "I love working here, there is good team work and good support."

#### **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. There was evidence of systems in place to manage staffing.

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 they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that resident's needs were met by the number and skills of the staff on duty.

All staff have now received individual, formal supervision, however a review of documentation and discussion with staff confirmed that, while there was evidence that staff had completed a self-assessment of their own performance, there was no evidence of a formal appraisal with their line manager. An area for improvement with regards to the formal appraisal of staff was first cited on 13 November 2024 and despite the assurances provided by the registered persons this area for improvement has now been stated for a second time.

### 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 observed to be prompt in recognising resident's needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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

Where a resident was at risk of falling, measures to minimise this risk of falls should be put in place. Examination of supplementary records showed gaps in post fall observations, advice and guidance was provided during discussion with the manager. An area for improvement was identified.

### 3.3.3 Management of Care Records

Resident's 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 still being stored in the home's 'hot press' and not held confidentially; this was discussed with the manager for immediate action. This area for improvement was first identified on 13 November 2024 and despite the assurances provided by the registered persons this has now been stated for a second time.

Review of a sample of care records evidenced that resident's care plans were not reflective of their assessed needs. For example, care plans relating to DOLs did not indicate the specific safeguards in place; some residents had care plans in place where there was no identified or assessed need. Care plans had not been audited to ensure that they were accurate; this area for improvement was first identified on 13 November 2024 and despite the assurances provided by the registered persons this has now been stated for a second time.

### **3.3.4 Quality and Management of Residents' Environment**

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

Shortfalls were identified in regard to the effective management of potential risk to resident's health and wellbeing; specifically, access to toilet cleaner, washing powder and fabric softener. An area for improvement has been stated for a second time.

Unnamed toiletries were accessible in an unlocked cupboard in a bathroom, and 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 commented positively about the manager and described her as 'very nice.'

Concerns were identified regarding the governance arrangements within the home. Completed audits with regards to health and safety did not reflect the care delivered to residents, were inaccurate and/or ineffective in identifying and addressing areas for improvement. Discussion with the manager identified further concerns regarding their knowledge and understanding of audit and governance arrangements. Two areas for improvement were identified.

Care plans relating to Deprivation of Liberty Safeguards (DoLS) lacked detail and were not up to date. Discussion with the manager did not provide assurance that they fully understood their roles and responsibilities regarding DoLS and recording of care. Two areas for improvement were identified.

Staff appraisals had not been completed, as discussed previously in section 3.3.1. Discussion with the manager identified further concerns regarding their knowledge and understanding of this process. An area for improvement was identified.

There was no evidence of the manager having supervision or appraisal to assess her own competency and capability in the running of the home. An area for improvement was identified.

The manager reported that she had no time to complete her managerial tasks as she often had to work on the floor. This was discussed with the responsible individual and an area for improvement was identified.

### 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. These were found to be satisfactory.

Fire safety measures were in place to ensure residents, staff and visitors to the home were safe. However, some actions from the most recent fire risk assessment were noted to be overdue for completion. An area for improvement was identified for a second time.

## 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
<b>Total number of Areas for Improvement</b>	10*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Rhonda Henry, manager, and with Mr Wallace, responsible person, 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	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 19 (1) (b) <b>Stated:</b> Second time <b>To be completed by:</b> 25 March 2025	The registered person shall ensure that confidential information relating to residents is safely secured.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> All archive care files have been securely locked away in a separate store room.
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> Second time <b>To be completed by:</b> 25 March 2025	The registered person shall ensure that residents do not have access to substances hazardous to their health such as laundry detergents.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> All laundry detergents are now locked away in the cleaning store area.
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> Second time <b>To be completed by:</b> 31 May 2025	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.  Ref: 3.3.6
	<b>Response by registered person detailing the actions taken:</b> I have spoke to the owner about this and it is noted that FRA recommendations have been done and completed on the 9-1-25. All certificates are now complete.
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time <b>To be completed by:</b> 25 March 2025	The registered person shall ensure that all areas of the home to which residents have access are free from hazardous to their safety. This area from improvement is stated in reference to the storage of unnamed toiletries in the communal bathrooms.  Ref 3.3.4
	<b>Response by registered person detailing the actions taken:</b> All toiletries are now removed from the area the day of the Inspection.



<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 10 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2025	The registered person shall ensure that the registered manager undertakes training with regards to governance in line with their role and responsibilities.  Ref 3.3.5  <b>Response by registered person detailing the actions taken:</b> All training that has been requested is now being organized and it will be done.
<b>Area for improvement 6</b>  <b>Ref:</b> Regulation 10 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2025	The registered person shall ensure that the registered manager undertakes training with regards to health and safety in line with their role and responsibilities.  Ref 3.3.5  <b>Response by registered person detailing the actions taken:</b> All training that has been requested is now being organized and will be done.
<b>Area for improvement 7</b>  <b>Ref:</b> Regulation 10 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2025	The registered person shall ensure that the registered manager undertakes training with regards to Deprivation of Liberty in line with their role and responsibilities.  Ref 3.3.5  <b>Response by registered person detailing the actions taken:</b> All training that has been requested is now being organized and will be done.
<b>Area for improvement 8</b>  <b>Ref:</b> Regulation 10 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2025	The registered person shall ensure that the registered manager undertakes training with regards to risk assessments and care planning in line with their role and responsibilities.  Ref 3.3.5  <b>Response by registered person detailing the actions taken:</b> All training that has been requested is now being organized and will be done
<b>Area for improvement 9</b>  <b>Ref:</b> Regulation 10 (3)  <b>Stated:</b> First time	The registered person shall ensure that the registered manager undertakes training with regards to supervision and appraisal in line with their role and responsibilities.  Ref 3.3.5



<b>To be completed by:</b> 30 September 2025	<b>Response by registered person detailing the actions taken:</b> All training that has been requested is now being organized and will be done.
<b>Area for improvement 10</b>  <b>Ref:</b> Regulation 20 (1) (c) (i) (ii)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2025	The registered person shall ensure that the manager receives regular supervision and an appraisal to help assess her own competency and capability in the running of the home.  Ref 3.3.5  <b>Response by registered person detailing the actions taken:</b> The consultant I have been receiving information from will assess my competency and capability by doing my supervision and appraisal.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 24.5  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 May 2025	The registered person shall ensure that all staff have formal recorded appraisal annually.  Ref: 3.3.1  <b>Response by registered person detailing the actions taken:</b> All staff had appraisals done though RQIA felt they were not of their standards and these will be done again to meet this standard.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 April 2025	The registered person shall ensure that care records are kept under regular review and are updated to reflect the resident's current needs.  Ref: 3.3.3  <b>Response by registered person detailing the actions taken:</b> Care plans are always kept under review to reflect the needs and care of the particular resident at different stages of their care when applicable. All care plans are in the process of becoming digital and this in working progress.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 8  <b>Stated:</b> First time	The registered person shall ensure that post fall observation records are kept up to date, are legible and reflect accurately the delivery of care.  Ref: 3.3.2

<b>To be completed by:</b> 25 March 2025	<b>Response by registered person detailing the actions taken:</b> This is always carried out post falls observation on the resident recorded and wrote in their care plans delivery of care, and passed on to staff on every shift.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 20.2  <b>Stated:</b> First time  <b>To be completed by:</b> 25 March 2025	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.  Ref 3.3.5
	<b>Response by registered person detailing the actions taken:</b> The Manager will have protected hours in the office as much as she requires to carry out her managerial work which will deliver effective care within the care home.

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



The Regulation and  
Quality Improvement  
Authority

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