

# Inspection Report

**Name of Service:** Victoria House  
**Provider:** Victoria House  
**Date of Inspection:** 29 September 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
<b>Registered Manager:</b>	Ms Rhonda Henry
<p><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. The home is also registered to provide care for one named individual with a learning disability and one person with a diagnosis of dementia on a day basis only.</p> <p>Bedrooms are located over two floors and residents have access to a communal lounge, bathrooms, a dining room and an enclosed garden area.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 29 September 2025 between 10 am and 6.30 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 25 March 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that compassionate care was delivered to residents. However, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection, eight areas for improvement were assessed as having been addressed by the provider. Two regulations have been stated for a third time and one regulation has been stated for a second time. One standard has been subsumed into a regulation and two standards have been stated for a second time. New areas for improvement have also been identified. Full details 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 residents, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 described staff as "lovely" and "very nice". Residents spoken with said that they were happy living in Victoria House. Comments included, "They are all very nice," "they are very attentive, it is very good," and "I have nothing but praise for all the staff."

Staff said that they enjoyed working in the home, staff said; "The staffing levels are not too bad" and "this is a great staff team we all work well together."

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. There was evidence of a system in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork and that they were satisfied with the staffing levels.

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.

There was evidence that staff had received their formal appraisal; however, there was no evidence that staff had received formal supervision within the required timeframe. An area for improvement was identified.

Some staff had not attended fire evacuation drill training within the required timeframe; an area for improvement was identified.

### 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 residents' 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.

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 offered 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 stated for a second time.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts or hand massage, hairdressing, one to one reading or listening to music on the radio.

### 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.

Residents' assessments had not been routinely reviewed and amended as changes occurred. For example, there was no evidence of a risk assessment in place for one resident after a choking episode and there was no assessment in place for a second resident who had been identified as having declining health needs. An area for improvement was identified.

Residents who wish to have a portable heater in their room did not have a risk assessment for this. An area for improvement was identified.

Care plans related to individual resident's specific needs, such as the use of alarm mats, pressure relieving mattresses, moving and handling, and changes to residents physical health were either not in place, or did not contain sufficient detail to direct staff as to the care required. An area for improvement was identified.

There was no evidence that care plans were being routinely reviewed and updated, to ensure they remained reflective of residents' current needs. For example, care plans regarding the monitoring of residents' mental health needs, and the management of smoking materials. A previous area for improvement, cited under the minimum standards has been subsumed into an area for improvement under regulation.

The specific findings regarding residents care records was also shared with the Northern Health and Social Care Trust, as the commissioners of care, for their action and review.

The door to the office was left open on numerous occasions resulting in access to residents care records which were being held in an unlocked desk drawer. An area for improvement was stated for a third time.

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

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

Some parts of the home were showing signs of wear and tear. For example, glass between the lounge and a small sitting area was cracked and in need of replacing; the carpet in one bedroom was worn and in need of replacing; and a number of bedside cabinets needed to be replaced / repainted. An area for improvement was identified.

Incontinence products were not being securely stored. Urinal bottles were unnamed and there was no record of how and when these bottles had been cleaned. Two areas for improvement were identified.

Some actions from the most recent fire risk assessment remained overdue. This area for improvement was stated for a third time.

A fire door was found to be propped open on several occasions throughout the day of the inspection. An area for improvement was identified.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; specifically, access to denture cleaning tablets and prescribed creams. An area for improvement was identified.

PPE stations were sufficiently stocked with aprons and gloves. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However, some staff were wearing gel nail polish and jewellery, which is not in accordance with best practice in infection prevention and control. 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.

Concerns were identified regarding the governance arrangements within the home. The health and safety audit did not identify the issues found during this inspection. Where deficits had been highlighted, there was no action plan in place. The restrictive practice audit made no reference to Deprivation of Liberty Safeguards; and the weight loss audit did not evidence that any actions had been taken for those residents who had weight loss. In addition to this documentation relating to residents, staff and governance did not provide assurances that the manager retained clear oversight. For example, accidents and incidents records and person in charge competencies had not been signed by the manager and the weight loss audit had no evidence of manager oversight. An area for improvement was identified.

The manager had received her appraisal, however there was no evidence of the manager having supervision from her line manager to support her to develop her own competency and capability in the running of the home. An area for improvement was stated for a second time.

Although the manager stated she had protected hours to help her to complete her managerial tasks, there was no evidence on the staff rota of these protected hours. Given this, and the inspection findings, RQIA were not assured that the manager is sufficiently allocating time to effectively complete the tasks associated with the role of the manager. This was discussed with the responsible individual and an area for improvement was stated 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>	9*	9*

\* the total number of areas for improvement includes two regulations that have been stated for a third time, one regulation and one standard that has been stated for a second time and one standard that has been subsumed into a regulation.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (1) (b)</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 29 September 2025</p>	<p>The registered person shall ensure that confidential information relating to residents is safely secured.</p> <p>Ref: 2.0 &amp; 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> Currently all files are safely secured,if staff are not in the office this door is to be kept closed at all time. Consideration is being given to installing a keypad on the office door. We are currently having cupboards made for the storage of all files that needs to be locked away.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 31 October 2025</p>	<p>The registered person shall ensure that the recommendations made following the fire risk assessment (FRA) are scheduled for implementation in accordance with the timeframe listed in the FRA action plan.</p> <p>Ref: 2.0 &amp; 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> A new Fire Risk assessment has been carried out on the 27-11-25 report with revised timescales the report will be forwarded to the Senior Estates Inspector. Fire exits are checked daily in addition to a monthly formal by a competent person and recorded.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (i) (ii)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 October 2025</p>	<p>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.</p> <p>Ref: 2.0 &amp; 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager's appraisal has been done with the home's External Consultant and supervision has been undertaken on the 24-11-25 this will put it in line with the staff's supervision.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p>	<p>The registered person shall ensure that all residents' assessments are kept under review and revised when it is necessary to do so.</p> <p>Ref 3.3.3</p>

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager undertakes on a monthly basis or as and when required a review of the residents assessments.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 16 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2025</p>	<p>The registered person shall ensure that a written care plan is in place, which clearly identifies how the resident’s needs in respect of care, health and welfare are to be met.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager feels that the residents in the home are taken good care of and the care plan is adhered to at all times in consultation with external healthcare professionals. If residents require input from a GP, Physio, OT, SALT or other service then the Health centre, etc is contacted and their care plan is amended accordingly..</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2025</p>	<p>The Registered Person shall ensure that resident care plans are kept under regular review and updated to accurately reflect the residents’ current needs.</p> <p>Ref: 2.0 &amp; 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> The care plans are done monthly though it can be changed in between times due to the residents ever changing needs, and evolving needs.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2025</p>	<p>The registered person shall ensure that the practice of propping open of fire doors ceases immediately.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The door of the Residential Manager's office in future will not be propped open.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2025</p>	<p>The registered person shall ensure that residents do not have access to substances hazardous to their health such as denture cleaning tablets and prescribed creams.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> All of these tablets are now removed and creams are locked away in a box.</p>

<p><b>Area for Improvement 9</b></p> <p><b>Ref:</b> Regulation 10.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2025</p>	<p>The registered person shall ensure that the manager demonstrates oversight of the governance systems utilised in the home.</p> <p>Ref 3.3.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> In relation to the oversight of the governance systems of the home increased oversight will be put in place with the assistance of the home's external consultant specifically but not exclusively in relation Health &amp; Safety audits, Restrictive Practice Audits, Weight Loss Audits, Accidents and Incidents as well as person in charge competences.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 29 September 2025</p>	<p>The registered person shall ensure that post falls observation records are kept up to date, are legible and reflect accurately the delivery of care.</p> <p>Ref: 2.0 &amp; 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> post falls observations are always kept up to date i have checked this since the last inspection and spoke to girls about this as well to continue to deliver the best care we can.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 October 2025</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 2.0 &amp; 3.3.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has been allocated two full days for administration duties to enable me to carry out my office duties.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 24.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2025</p>	<p>The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> I am currently in the progress of doing Supervision with all staff.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 29.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2025</p>	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have now completed fire evacuation drill.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 5.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2025</p>	<p>The registered person shall ensure that there is a risk assessment in place for the use of portable heaters.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> Risk assessment has been carried out on the portable heaters.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2025</p>	<p>The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Since the inspection the areas identified is new floor covering in the bathroom and new carpet in the back bedroom and painting ongoing.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2025</p>	<p>The registered person shall ensure that continence items and urinal bottles are stored appropriately.</p> <p>Ref 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Since the Inspection all names are put on the Urinal bottles, and continence items are kept in their original packaging.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 34.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2025</p>	<p>The registered person shall ensure that all reusable devices are decontaminated in line with current best practice and related records are kept. This area for improvement is in relation to the decontamination of urinals.</p> <p>Ref 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> All reusable devices are decontaminated in proper procedure and a record is kept of this.</p>

<p><b>Area for Improvement 9</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2025</p>	<p>The registered person shall ensure that all staff remain bare below the elbows, in adherence with hand hygiene best practice.</p> <p>Ref 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All staff working on the floor with the residents always remain bare below the elbows and not wearing nail polish or gel.</p>

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



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