



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

<b>Name of Service:</b>	Victoria House
<b>Provider:</b>	Victoria House
<b>Date of Inspection:</b>	23 October 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 Individual:</b>	Mr Samuel Derek Robinson Wallace
<b>Registered Manager:</b>	Ms Rhonda Henry
<b>Service Profile:</b>	
Victoria House 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 23 October 2025, from 10.30am to 1.50pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. However, improvements were necessary in relation to the management of insulin.

Whilst an area for improvement was identified, there was evidence that with the exception of a small number of medicines, residents were being administered their medicines as prescribed.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, and the new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the residents well.

RQIA would like to thank the staff for their assistance throughout the inspection.

### **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 service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, 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.

#### **3.2 What people told us about the service and their quality of life**

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each resident liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

### 3.3 Inspection findings

#### 3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of distressed reactions and pain was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

The management of insulin was reviewed. Insulin was administered by the district nurse. Staff were reminded that in use insulin pen devices must be individually labelled with the date of opening recorded to denote ownership, facilitate audit and disposal at expiry. There must be a care plan in place for the management of diabetes with sufficient detail to direct care. A care plan was not in place for one resident for the management of their diabetes. An area for improvement was identified.

#### 3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal of medicines.

### **3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing monitoring. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. Controlled drugs were observed to be administered as prescribed and records maintained to the required standard.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. With the exception of insulin (see section 3.3.1), the date of opening was recorded on medicines to facilitate audit and disposal at expiry.

### **3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for residents returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

### **3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines. The audits were discussed in detail with the manager for on-going monitoring.

### **3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

#### 4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	9*	10*

\*the total number of areas for improvement includes eighteen, which were carried forward for review at the next inspection.

The new area for improvement and details of the Quality Improvement Plan were discussed with Ms Rhonda Henry, Registered Manager, as part of the inspection process. The timescale for completion commences from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 19 (1) (b) <b>Stated:</b> Third time <b>To be completed by:</b> 29 September 2025	<p>The registered person shall ensure that confidential information relating to residents is safely secured.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref 2.0</p>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> Third time <b>To be completed by:</b> 31 October 2025	<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> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref 2.0</p>
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 20 (1) (c) (i) (ii) <b>Stated:</b> Second time <b>To be completed by:</b> 31 October 2025	<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> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref 2.0</p>
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 15 (2) (a) (b) <b>Stated:</b> First time <b>To be completed by:</b> 31 October 2025	<p>The registered person shall ensure that all residents' assessments are kept under review and revised when it is necessary to do so.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref 2.0</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> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref 2.0</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> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref 2.0</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> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref 2.0</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> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref 2.0</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> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref 2.0</p>

<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 6  <b>Stated:</b> First time  <b>To be completed by:</b> 23 October 2025	The registered person shall ensure person-centred care plans are in place for the management of insulin.  Ref: 3.3.1
	<b>Response by registered person detailing the actions taken:</b> A person centred care plan has been drawn up to ensure that the proper procedure is taken when dealing with the management of Insulin to ensure the right dose and sugar levels are checked, to make sure that it is being managed according to the residents lifestyle, to include diet, activity and emotional well-being, to improve the quality of life and health outcomes and continue with overall care.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8  <b>Stated:</b> Second time  <b>To be completed by:</b> 29 September 2025	The registered person shall ensure that post falls observation records are kept up to date, are legible and reflect accurately the delivery of care.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref 2.0
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 20.2  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 October 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.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref 2.0
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 24.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2025	The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref 2.0

<b>Area for improvement 5</b> <b>Ref:</b> Standard 29.6 <b>Stated:</b> First time <b>To be completed by:</b> 31 December 2025	The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref 2.0
<b>Area for improvement 6</b> <b>Ref:</b> Standard 5.5 <b>Stated:</b> First time <b>To be completed by:</b> 29 September 2025	The registered person shall ensure that there is a risk assessment in place for the use of portable heaters.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref 2.0
<b>Area for improvement 7</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time <b>To be completed by:</b> 31 December 2025	The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref 2.0
<b>Area for improvement 8</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time <b>To be completed by:</b> 29 September 2025	The registered person shall ensure that continence items and urinal bottles are stored appropriately.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref 2.0
<b>Area for improvement 9</b> <b>Ref:</b> Standard 34.5 <b>Stated:</b> First time <b>To be completed by:</b> 29 September 2025	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.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref 2.0

<p><b>Area for Improvement 10</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><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref 2.0</p>

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



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