

Inspection Report

Name of Service: Victoria House

Provider: HOBGREEN COUNTRY HOME LTD

Date of Inspection: 23 June 2026

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:	HOBGREEN COUNTRY HOME LTD
Responsible Person:	Mrs Elizabeth Kathleen Mary Lisk
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. The home is also registered to provide care for one named individual living with a learning disability; and one person with a diagnosis of dementia on a day basis only. 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 June 2026, from 9.30 am to 3.45 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 29 September 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led. This was also the first inspection of this service since a change to the registered provider on 31 May 2026.

As a result of this inspection, a Serious Concerns meeting was held with the home's management team on 7 July 2026 to discuss the lack of robust governance and management oversight in the home. A satisfactory action plan was presented at this meeting and RQIA accepted the assurances provided that adequate action has been taken and would be taken to address the issues identified.

RQIA will continue to monitor the quality of the service provided and will carry out an inspection to assess progress with the areas for improvement on the Quality Improvement Plan (QIP).

Five 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 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 spoken with said that they were happy living in Victoria House. Comments included, staff are "nice", "I like it here," "We are well looked after", and "Sure it is all ok."

Staff said that they enjoyed working in the home, staff said; "There is enough staff on duty," and "The staffing levels are ok."

A visitor to the home said, "This is a very homely place."

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. 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. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. However; serious concerns were identified regarding the management and oversight of staffing arrangements.

Recruitment checklists did not demonstrate that gaps in employment history had been explored. The recruitment records for one staff member, recruited on 26 September 2023, did not include references from their most recent employer. Although 'character' references were provided, there was no risk assessment or rationale recorded as to why this staff member was employed without these required checks in place.

Induction records for permanent staff lacked sufficient detail and did not provide assurance that the induction process was robust. Inductions either did not take place, were signed off as completed in one day, or were not completed in a timely manner. For instance, no induction record was available for a staff member who had recently changed roles from kitchen staff to senior care assistant; and there was a delay of seven months in induction for a new cook.

The quality of staff appraisal and supervision was below the expected standard and did not provide adequate assurance that staff were receiving the sufficient level of support and monitoring. There was no evidence of planning in place for future supervisions and appraisals. The manager had signed off her own most recent supervision record with no evidence of RI oversight.

Person in charge competency and capability records were in place, however did not contain sufficient detail to confirm that the manager had been involved in and had oversight of this process, as records were not detailed and had not been signed by the manager.

Staff training records did not clearly evidence whether all staff had attended mandatory fire drill training within the required timeframe.

RQIA received written assurances from the home's management on 24 June 2026 of immediate actions taken to address these issues. In addition, these concerns were discussed with the management team on 7 July 2026 at the Serious Concerns meeting. The home provided a robust action plan which detailed actions they had taken and planned to take to review and improve the management and oversight of staffing arrangements. Written and verbal assurances were provided that all staff had either received, or had been allocated a time to complete the required fire drill training. RQIA accepted this action plan. In addition, one area for improvement was stated for a third time; one area for improvement stated for a second time; and two new areas for improvement were 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.

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.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious. However; one resident who required to have direct staff supervision during mealtimes was observed to be taking their meal alone in their bedroom. This was discussed with the management team for review and action.

The importance of engaging with residents was well understood by the manager and staff. The weekly activity programme was displayed on the noticeboard advising of future events.

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' care records were held confidentially.

Care records were incomplete or contained discrepancies. There was no evidence that residents' care records were regularly audited by the manager. One care plan stated that the resident needed to be weighed on a monthly basis, however there was no evidence of this taking place. A second care record evidenced inconsistencies with regards to a resident's IDDSI levels. There was also evidence of restraint care plans in place for residents who did not have an assessed need or risk for this intervention. Risk assessments were not routinely being reviewed or evaluated and blank care plan evaluations were found in each file reviewed.

Although falls risk assessments were in place for residents at risk of falls, supplementary documentation regarding post falls observations was not available for inspection. Falls documentation was first stated as an area for improvement on 19 May 2022 and then again on 25 March 2025. RQIA are concerned that the oversight of supplementary documentation with regards to the management of falls is not being sustained or embedded in staff practice.

These concerns were discussed with the management team on 7 July 2026 at the Serious Concerns meeting, where the management team provided a robust action plan which detailed actions they had taken and planned to take to review and improve care records. RQIA accepted this action plan. In addition, one area for improvement has been stated for a third time, three areas for improvement have been stated for a second time, and three new areas for improvement have been identified.

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 warm and comfortable.

It was positive to see some improvements in the home since the last inspection, for example new carpets in some of the bedrooms.

Shortfalls were identified in regard to the effective management of potential hazards to residents' health and wellbeing; specifically, access to denture cleaning tablets.

Incontinence products were not being securely stored. Urinal bottles were not labelled and the last recorded cleaning of these was 16 May 2026. In addition to this, the appearance of rust around commode legs they were unable to be effectively cleaned.

Some parts of the home showed signs of wear and tear, including broken tiles in one bathroom, a crack in the glass between two sitting areas and chipped bedside cabinets. It was of particular concern that the home's heating remained on, despite the recent heatwave. When this was raised by staff, they advised they did not know how to use the system to turn the heating off. This issue was resolved on the day.

An area for improvement regarding the need to ensure that the required actions from the most recent Fire Risk Assessment (FRA) had been completed had been stated on 13 November 2024 then again on 25 March 2025 and for a third time on 29 September 2025. RQIA were concerned as there was no evidence presented or noted on the Fire Risk Assessment to confirm what, if any action had been taken to address the recommended remedial actions required.

RQIA received written assurances from the home's management on 24 June 2026 of immediate actions taken to address these issues. These concerns were discussed with the management team on 7 July 2026 at the Serious Concerns meeting, where the management team provided a robust action plan which detailed actions they had taken and planned to take to review and improve the management and governance oversight of the home's environment. This included a time bound action plan regarding the actions required from the FRA. RQIA accepted this action plan. In addition, four areas for improvement have been stated for a second time.

3.3.5 Quality of Management Systems

There has been a change of registered provider for this home since the last inspection. HOBGREEN COUNTRY HOME LTD have been the registered provider since 31 May 2026. 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 overall management oversight and governance arrangements within the home. A review of the Responsible Person's quality monitoring visit undertaken in accordance with Regulation 29 evidenced that there was no managerial oversight of these visits. Completed audits relating to the home's environment, care records and staffing arrangements had not identified or addressed the issues identified during this inspection. Action plans identifying deficits particularly in the action needed for addressing the Fire Risk Assessment had been continually carried forward from month to month. There was limited assurance that adequate or sustained progress had been made to address the previously stated areas for improvement.

Additional concerns were identified regarding the home's compliance with their Statement of Purpose and registered categories of care due to the continued accommodation of one identified resident. At the previous care inspection on 29 September 2025, RQIA advised of the need for a variation to be submitted. Despite follow up by RQIA's registration team and care inspector, this remains outstanding.

These concerns were discussed in detail with the management team on 7 July 2026 at the Serious Concerns meeting. It was acknowledged that the provider had been operating this home since 31 May 2026 and time bound actions plans were now in place regarding the overall inspection findings. RQIA accepted the written and verbal assurances received regarding the actions taken and planned improvements to the home's overall governance and management systems. The management team agreed to progress with the required variation application without further delay. An area for improvement was also 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
Total number of Areas for Improvement	7*	11*

* the total number of areas for improvement includes one regulation and one standard that have been stated for a third time. Five regulations and four standards have been stated for a second time. One regulation and one standard have been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, 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 27 (4) (b) Stated: Third time To be completed by: 31 July 2026	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 on the FRA action plan. Ref 2.0 & 3.3.4 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.
Area for improvement 2 Ref: Regulation 20 (1) (c) (i) (ii) Stated: Third time To be completed by: 31 July 2026	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: 2.0 & 3.3.1 Response by registered person detailing the actions taken: This is being carried out by the Area Manager.
Area for improvement 3 Ref: Regulation 15 (2) (a) (b) Stated: Second time To be completed by: 31 July 2026	The registered person shall ensure that all residents' assessments are kept under review and revised when it is necessary to do so. Ref: 3.3.3 Response by registered person detailing the actions taken: All residents' assessments are up to date and being reviewed monthly and revised when it is necessary to do so.
Area for improvement 4 Ref: Regulation 16 (1) (b) Stated: Second time To be completed by: 31 July 2026	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. Ref: 3.3.3 Response by registered person detailing the actions taken: All care plans have been completed, updated and personcentred to the residents needs.

Area for improvement 5 Ref: Regulation 16 (2) (b) Stated: Second time To be completed by: 31 July 2026	The Registered Person shall ensure that resident care plans are kept under regular review and updated to accurately reflect the residents' current needs. Ref: 2.0 & 3.3.3 Response by registered person detailing the actions taken: All care plans are being reviewed monthly unless the need to review sooner to changes in circumstances.
Area for improvement 6 Ref: Regulation 14 (2) (a) Stated: Second time To be completed by: 23 June 2026	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. Ref: 3.3.4 Response by registered person detailing the actions taken: All denture tablets and creams are locked away for safety in a locket cupboard.
Area for Improvement 7 Ref: Regulation 10.1 Stated: Second time To be completed by: 23 June 2026	The registered person shall ensure that the manager demonstrates oversight of the governance systems utilised in the home. Ref 3.3.5 Response by registered person detailing the actions taken: This is being carried out and monitored on the Reg 29 by the Area Manager.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 23 October 2025	The registered person shall ensure person-centred care plans are in place for the management of insulin. Ref: 2.0 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.

Area for improvement 2 Ref: Standard 8 Stated: Third time To be completed by: 23 June 2026	The registered person shall ensure that post falls observation records are kept up to date, are legible and reflect accurately the delivery of care. Ref: 2.0 & 3.3.2 Response by registered person detailing the actions taken: All post falls observations records are completed, up to date reflecting on delivery of care.
Area for improvement 3 Ref: Standard 24.2 Stated: Second time To be completed by: 30 June 2026	The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months. Ref: 2.0 & 3.3.1 Response by registered person detailing the actions taken: Supervisions are now completed and will be kept up to date.
Area for improvement 4 Ref: Standard 27 Stated: Second time To be completed by: 31 December 2025	The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed. Ref: 3.3.4 Response by registered person detailing the actions taken: Locks have been fitted on cupboards throughout the home. New poles have been fitted outside front entry coming into the home. Broken tile in bathroom has now been fixed. On going work is being completed and glass ordered to replace cracked glass in lounge doors.
Area for improvement 5 Ref: Standard 35 Stated: Second time To be completed by: 23 June 2026	The registered person shall ensure that continence items and urinal bottles are stored appropriately. Ref 3.3.4 Response by registered person detailing the actions taken: The home is using disposable urinal bottles now. If a resident wishes not to use a disposable bottle they can have a reusable one. This is decontaminated and records are in place. All continence items are stored away.
Area for improvement 6 Ref: Standard 34.5 Stated: Second time To be completed by:	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 Ref 3.3.4

23 June 2026	Response by registered person detailing the actions taken: Decontaminated records are in place for all reusable devices.
Area for improvement 7 Ref: Standard 23.1 Stated: First time To be completed by: 23 June 2026	The Registered Person shall ensure that all staff receive a structured induction. Records must be maintained to evidence full completion and managerial oversight of the induction process. This area for improvement refers to both permanent and agency staff. Ref: 3.3.1
	Response by registered person detailing the actions taken: Induction records are completed on permanent and new staff in the home.
Area for improvement 8 Ref: Standard 24.5 Stated: First time To be completed by: 30 August 2026	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: Appraisals have been carried out on permanent and new staff.
Area for improvement 9 Ref: Standard 12.1 Stated: First time To be completed by: 23 June 2026	The registered person shall ensure that records regarding individual resident's specific eating and drinking requirements, including supervision at meal times, are accurate, up to date, and clearly direct staff on the care required. Ref: 3.3.2
	Response by registered person detailing the actions taken: These have been updated on all care plans and a list provided for kitchen staff.
Area for improvement 10 Ref: Standard 12.10 Stated: First time To be completed by: 23 June 2026	The registered person shall ensure that staff provide the required level of supervision to individual residents at meal times. Ref: 3.3.2
	Response by registered person detailing the actions taken: All residents are being supervised at meal times in the dining area and anyone that is in their room.

Area for improvement 11 Ref: Standard 9.3 Stated: First time To be completed by: 23 June 2026	The registered person shall ensure that where required, residents weights are monitored and documented in resident's care records. Ref: 3.3.2
	Response by registered person detailing the actions taken: Residents weights are being recorded and monitored on a monthly basis unless concerns to update sooner.

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