

Inspection Report

Name of Service: Adelaide House

Provider: Presbyterian Council of Social Witness

Date of Inspection: 2 October 2025

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

1.0 Service information

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| Organisation/Registered Provider: | Presbyterian Council of Social Witness |
| Responsible Individual: | Mr Dermot Parsons |
| Registered Manager: | Mr Jordan Anderson, not registered |
| <p>Service Profile: Adelaide House is a residential care home registered to provide health and social care for up to 45 residents. The home is registered to provide care for up to eight residents living with dementia and one resident with a mental health diagnosis.</p> <p>Residents' bedrooms are located over three floors. Residents have access to communal bathrooms, lounges, a dining room and a garden/courtyard area.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 2 October 2025, from 10.15am to 3.00pm. 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 inspection also reviewed one area for improvement identified at the last care inspection. The remaining areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

The outcome of this inspection indicated that robust arrangements were not in place for some aspects of medicines management. Areas for improvement were identified in relation to: temperature monitoring of medicine storage areas, the security of medicine storage, expired medicines, personal medication records and the management of distressed reactions. Whilst areas for improvement were identified, there was evidence that medicines were administered as prescribed.

Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA. It was decided that the home would be given a period of time to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

The area for improvement in relation to ensuring that the medicine trolleys were not left unattended was assessed as met. Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

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 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 currently 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.

No completed questionnaires or responses to the staff survey were received 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. Obsolete personal medication records had not been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly. An area for improvement was identified.

Copies of residents' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

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.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines, prescribed on a 'when required' basis for distressed reactions, was reviewed. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain and other factors. One personal medication record and one care plan required an update to reflect the most recent prescribed dose and one resident had no care plan in place to direct care. Records of administration did not include the reason for and outcome of each administration. Staff were reminded that regular use of these medicines must be referred to the prescribed for review. 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. However, one identified emergency medicine stored in the trolley had expired. This was highlighted to the manager for immediate corrective action. An area for improvement was identified.

The medicine storage room was observed to be securely locked, however, both trolley locks were broken and unable to be secured. This was rectified during the inspection. In addition, medicine cupboards and the medicine refrigerator were also unlocked. Medicines must be stored securely to prevent unauthorised access and risks to residents. An area for improvement was identified.

The lunchtime medicine round was observed and the unlocked trolleys were not left unattended.

Temperatures of medicine storage areas including the medicine refrigerator and medicine storage room were not monitored and recorded, to ensure that medicines were stored appropriately. An area for improvement was identified.

The manager was reminded that medicines awaiting collection for disposal should be stored securely to prevent unauthorised access and collected in a timely manner.

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. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Management and staff audited the management and administration of medicines on a regular basis within the home. Review of the most recent audit findings indicated that the action plan in relation to monitoring the refrigerator temperature had not been addressed. This was discussed with the management team. 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 medicines were being administered as prescribed.

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.

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

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

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

| | Regulations | Standards |
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| Total number of Areas for Improvement | 3* | 15* |

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Jordan Anderson, Manager, and the regional manager as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (2 October 2025)</p> | <p>The registered person shall ensure that medicines are stored securely.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered person sourced locks on day of inspection Maintenance Officer installed the new locks and has spare locks in the home. Checklist has now been implemented along with the daily walkaround form to ensure checks are carried out daily. New locks were also fitted to all the cupboards in the treatment room to ensure all medication is stored securely, Registered Manager has contacted Coopers Pharmacy to inspect the trolleys and advise of next steps.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 22 July 2025</p> | <p>The registered person shall ensure as far as reasonably practicable that all parts of the residential home to which residents have access are free from hazards to their safety.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 27 (2)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2025</p> | <p>The registered person shall ensure as far as reasonably practicable that all parts of the home are kept in a good state of repair and reasonably decorated.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p> |

| Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) | |
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| Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: Immediate and ongoing (2 October 2025) | The registered person shall ensure that obsolete personal medication records are cancelled and archived. Ref: 3.3.1 |
| | Response by registered person detailing the actions taken: Old kardex have been removed from the folder and archived, leaving in the most relevant Kardex in the folder. |
| Area for improvement 2 Ref: Standard 10 Stated: First time To be completed by: Immediate and ongoing (2 October 2025) | The registered person shall review the management of medicines prescribed "when required" for distressed reactions to ensure that: <ul style="list-style-type: none"> • a care plan is in place to direct care. • the reason for and outcome of each administration is recorded. • frequent use is referred to the prescriber for review. Ref: 3.3.1 |
| | Response by registered person detailing the actions taken: The Registered Person had delegated to Senior Staff for residents who are prescribed a 'when required' care plans are now in place. |
| Area for improvement 3 Ref: Standard 30 Stated: First time To be completed by: Immediate and ongoing (2 October 2025) | The registered person shall ensure that all medicines are disposed of at expiry. Ref: 3.3.2 |
| | Response by registered person detailing the actions taken: The Registered person has implemented a check list for night staff to stock check weekly to ensure expired medication are returned. |
| Area for improvement 4 Ref: Standard 32 Stated: First time To be completed by: Immediate and ongoing (2 October 2025) | The registered person shall ensure that the temperatures of the medicine storage area and the medicine refrigerator are monitored and recorded daily and that appropriate action is taken if the temperature recorded is outside the recommended range. Ref: 3.3.2 |
| | Response by registered person detailing the actions taken: The Registered person has implemented a checklist on the daily walkaround to ensure this is checked daily. |

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| <p>Area for improvement 5</p> <p>Ref: Standard 25</p> <p>Stated: Second time</p> <p>To be completed by: 23 July 2025</p> | <p>The registered person shall ensure that the duty rota:</p> <ul style="list-style-type: none"> Clearly identifies the full name and designation of all staff The person in charge in absence of the manager is clearly identified. <p>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.</p> <p>Ref: 2.0</p> |
| <p>Area for improvement 6</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p> <p>To be completed by: 23 July 2025</p> | <p>The registered person shall ensure that all staff receive a completed and structured induction and that there is managerial oversight of the induction process.</p> <p>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.</p> <p>Ref: 2.0</p> |
| <p>Area for improvement 7</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2025</p> | <p>The registered person shall ensure that a review of staffing is undertaken to promote a safe and healthy working environment and culture in the home.</p> <p>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.</p> <p>Ref: 2.0</p> |
| <p>Area for improvement 8</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p> | <p>The registered person shall ensure that staff who work in the home receive mandatory training as appropriate to their role.</p> <p>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.</p> <p>Ref: 2.0</p> |

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| <p>Area for improvement 9</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p> | <p>The registered person shall review the dining experience for residents to ensure all residents are offered a choice of meals and that the mealtime experience is relaxed and not rushed.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p> |
| <p>Area for improvement 10</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p> | <p>The registered person shall ensure that records in relation to residents' dietary needs are accurate and up to date.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p> |
| <p>Area for improvement 11</p> <p>Ref: Standard 13.9</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p> | <p>The registered person shall ensure that a record is kept of all activities that take place in the home with the full names of the residents who participate.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p> |
| <p>Area for improvement 12</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p> | <p>The registered person shall ensure that care plans are kept up-to-date and reflect the resident's current needs.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p> |
| <p>Area for improvement 13</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p> | <p>The registered person shall ensure that all risk assessments are up to date and reflect the resident's current needs.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p> |

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| <p>Area for improvement 14</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p> | <p>The registered person shall ensure that all supplementary documentation is accurate, up to date, signed and dated by the person making the entry.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p> |
| <p>Area for improvement 15</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p> | <p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the correct storage of personal protective equipment (PPE)</p> <hr/> <p>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.</p> <p>Ref: 2.0</p> |

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