

Inspection Report

Name of Service: Adelaide House

Provider: Presbyterian Council of Social Witness

Date of Inspection: 3 March 2025

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:	Presbyterian Council of Social Witness
Responsible Individual:	Mr Dermot Parsons
Registered Manager:	Kim Lynch – not registered
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 45 residents. The home is registered to provide care for eight residents living with dementia and one resident with a mental health diagnosis. Residents bedrooms are located over three floors.</p> <p>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 3 March 2025, between 10.10 am and 5.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 2 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider and one area for improvement has been stated for a second time.

Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents described staff as "all very kind". Residents spoken with said that they were happy living in Adelaide House. Comments included, "it is very nice, we are well looked after," and "yes, it is very acceptable here."

Residents told us that their relatives could visit whenever they wished and were always made to feel welcome when they visited the home.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could choose where they wished to have their meal and what daily activity they wished to attend.

Staff said that they enjoyed working in Adelaide House, staff comments included, "things are really well settled, we are all here for each other."

No additional feedback was received from residents, relatives or staff following the inspection.

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 robust systems in place to manage staffing. A new member of staff confirmed that they had received a comprehensive induction and had completed all mandatory training prior to commencing employment.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

A review of the duty rota indicated that the roles/designation of staff on duty had not always been recorded and the person in charge of the home in the manager's absence had not been consistently identified on the rota. This was discussed with the manager for action. An area for improvement was identified.

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

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.

It was observed that 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 were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

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

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 lunch time experience, review of records and discussion with residents, staff and the manager confirmed that there were robust systems in place to manage residents' nutrition and mealtime experience.

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 well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. There was limited evidence of resident involvement in the planning their own care. This was discussed with the manager for action. An area for improvement was stated for a second time.

3.3.4 Quality and Management of Residents' Environment

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

Review of records and discussion with staff and the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Kim Lynch has been the acting manager of this home since 21 January 2025.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

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	0	3*

* the total number of areas for improvement includes one standard that has been stated for a second time.

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.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 6.6 Stated: Second time To be completed by: 31 March 2025	<p>The registered person shall ensure that there is evidence of resident involvement in the care planning process where appropriate.</p> <p>Ref: 2.0 & 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: A review of all the residents' care plans is currently underway. The aligned key workers for each resident are leading on this for their individual residents and this work will be completed by 28th May 2025. As each individual file is completed this is reviewed with the resident or the resident's representative as appropriate, to ensure the resident feels involved within the care planning process. This is then signed by either the resident or the resident's representative.</p>
Area for improvement 2 Ref: Standard 25 Stated: First time To be completed by: 3 March 2025	<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>Ref: 3.3.1</p>

	<p>Response by registered person detailing the actions taken: The Senior Management team have reviewed the structure of the Rota. The structure of the Rota clearly indentifies the full name and designation of all staff.</p> <p>The Person in charge in the absence of the manager is clearly identified. Appropriate completion of the rota will be overseen by the Manager and reviewed by the Regional Care Manager on on monitoring visits</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 3 March 2025</p>	<p>The registered person shall ensure that all records are kept up to date, legible and accurate.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • post fall observation records. <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: CSW has implemented a post fall procedure. This is a step by step procedural tool, to ensure that all identified actions after an incident have been completed accurately with no gaps. This is then checked and signed off by the home manager on completion. In addition to the procedural tool, the registered manager completes a falls audit monthly, to identify trends, themes or learning. The Regional Care Manager also reviews all incidents and accidents monthly as part of the Monthly Monitoring Visit.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews