The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Oriel House**

Provider: **Oriel House**

Date of Inspection: **18 September 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:	Oriel House
Responsible Person:	Mrs Margaret Teresa Thompson
Registered Manager:	Mrs Tracy Bell – not registered
Service Profile – This home is a registered residential care home which provides health and social care for up to eight residents. The home is registered to care for older people, or residents living with dementia or a physical disability. The home is divided over two floors with bedrooms on all floors, and a communal lounge, dining room and bathroom on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 18 September 2025, between 9.35 am and 5.20 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of residents. 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.

Enforcement action resulted from the findings of this inspection. A Serious Concerns meeting was held with the home's management on 1 October 2025 regarding the overall governance and management arrangements in the home, detailed in the main body of this report. RQIA accepted the home's action plan and the assurances provided by the Responsible Individual and Manager of the actions they had taken and intended to take to ensure the minimum improvements necessary to achieve compliance. 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).

As a result of this inspection two areas for improvement have been stated for a second time, and five have been carried forward for review at a future pharmacy 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 4.0.

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 spoke positively about life in the home. Comments included, "The girls are lovely" and, "The food is brilliant, I get to choose when I go to bed." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "I have no concerns over care in the home, the staff are attentive." Another resident said," The care is good, and the food is good, the staff are lovely."

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

One completed questionnaire from a resident indicated high levels of satisfaction with the care and services provided in the home. Comments included, "The care I am given is excellent, I am treated with dignity and respect."

One completed questionnaire from a relative commented positively on the care provided in the home. Comments included, “I have never seen such a high standard of care.”

No completed responses to the staff survey were received 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 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 felt well supported in their role and that they were satisfied with the staffing levels.

It was noted on the day of inspection 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.

The staff duty rota did not clearly and fully record the hours worked by the manager in the home, and the capacity in which they worked. This was discussed at the meeting with RQIA on the 1 October 2025, where management confirmed the rota had been updated to include this information. An area for improvement was also 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 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.

Arrangements were in place to meet residents’ social, religious and spiritual needs within the home. Residents’ needs were met through a range of individual and group activities such as bingo, board games, reminiscence and arts and crafts

3.3.3 Management of Care Records

Residents care records were held confidentially. However, concerns were identified regarding the management and oversight of care records in the home.

Care records lacked a range of up to date assessment of needs, and care files were missing information regarding resident's wishes regarding DNA/CPR, previous medical history and inventory of possessions.

The care plan review process was not meaningful or effective in ensuring records were accurate, up to date and sufficiently detailed. Care plans lacked sufficient detail in relation to assessed needs and interventions to direct staff. Two areas for improvement regarding care records were not met and have been either stated for a second time or subsumed into Regulations.

Further concerns were identified as the care plan regarding the 1-1 supervision of an identified resident lacked sufficient detail to direct the care required, and the manager's understanding of the rationale for the 1-1 care was not consistent with the care plan. Another care plan relating to the care of a resident subject to Deprivation of Liberty Safeguards (DoLS), under an emergency provision, again lacked sufficient detail and there was a lack of clarity from the home as to whether this emergency provision was still in place for this resident. These arrangements were confirmed on the day of the inspection when the RQIA inspectors asked the manager to liaise with relevant Trust staff to ensure this information was up to date. RQIA were not assured that the manager and staff demonstrated clear understanding of their roles and responsibilities regarding DoLS, and the need to ensure that related care records clearly direct staff as to the care required.

The specific issues were shared during the inspection feedback and discussed at the meeting with RQIA on 1 October 2025. The home's management stated that all care records had been reviewed and were now up to date. Management also outlined an improved system of oversight to ensure improvements are made and sustained. One area for improvement was stated for a second time, and three new areas for improvement were also identified.

3.3.4 Quality and Management of Residents' Environment

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, warm and comfortable. It was noted the home had been re-decorated recently.

There was a lack of clear signage in the home, to promote residents' independence. This is especially important to support those living with dementia. The manager agreed to consider completing a dementia friendly audit of the home's environment. An area for improvement was identified.

A number of issues were identified regarding the overall management of the home's environment, and to ensure it remained clean, safe and well maintained. This included furniture and equipment which required repair, deep cleaning, or to be replaced. Items such as cleaning products and topical medications were not being securely stored. A fire door into the kitchen was wedged open with a tea towel, which was removed on the day of inspection. The door into

the laundry which, was a fire door, did not self-close. Windows in the home did not have window restrictors fitted, and a rear exit door was not alarmed, presenting a potential security issue for the home, especially when accommodating residents who may be subject to a restriction on their liberty, and may attempt to leave the home unaccompanied.

The specific issues were shared during the inspection feedback and discussed at the meeting with RQIA on 1 October 2025. The management team provided written assurance of which issues had been fully addressed and which were in the process of being addressed. Management also outlined an improved system of oversight to ensure improvements are made and sustained. Two areas for improvement were also identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Tracy Bell has been the manager in this home since 14 October 2024.

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

Residents spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these.

Whilst a system of management audits were in place, they were limited in their scope. Audits completed around care plans, restrictive practices and the home's environment did not identify the deficits found on inspection. The audit templates being used did not include action plans or a system to evidence that deficits had been addressed.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. Completed reports did not evidence consultation with a range of residents, staff and relatives on the visit, and had not identified any of the issues found on the day of inspection.

These issues were discussed at the meeting with RQIA on the 1 October 2025, along with the action plan supplied by the home. Adequate assurances were provided by the home's management team as to how these systems had been reviewed since the inspection; with further improvements planned to ensure more robust managerial governance and oversight in the home. An area for improvement was stated for a second time, and a new area for improvement was also identified.

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	9*	6*

* the total number of areas for improvement includes one Regulation and one standard that has been stated for a second time, and three Regulations and two standards which are carried forward for review at a future pharmacy inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Tracy Bell, Manager, 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 13 (4) **Stated:** Second time **To be completed by:** 27 June 2025	The registered person shall ensure personal medication records are accurately maintained. Ref: 2.0
	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 13 (4) **Stated:** First time **To be completed by:** 27 June 2025	The registered person shall ensure that medication administration records are accurately maintained. Ref: 2.0
	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 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 27 June 2025	The registered person shall ensure that robust audit systems are in place to monitor all aspects of medicines management including recording dates of opening to facilitate disposal at expiry and correct storage. Ref 2.0
	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 4 **Ref:** Regulation 29 (4) (a) **Stated:** Second time	The registered person shall ensure that the person carrying out the visits, interviews with their consent such of the residents, representatives and the persons working in the home, to form an opinion of the standard provided. Ref 2.0 & 3.3.5

To be completed by: 1 October 2025	**Response by registered person detailing the actions taken:** All reports will have over half of clients/famillies feedback each month.
Area for improvement 5 **Ref:** Regulation 15 (2) (a) (b) **Stated:** First time **To be completed by:** 1 October 2025	The registered person shall ensure that the assessment of the resident's needs is kept under review; and revised when there is any change of circumstances. Ref 3.3.3
	Response by registered person detailing the actions taken: Monitiored on a daily basis.
Area for improvement 6 **Ref:** Regulation 16 (2) (b) **Stated:** First time **To be completed by:** 1 October 2025	The registered person shall ensure that a system is in place to review residents' care plans to ensure they remain accurate, up to date and reflect residents' current needs. Ref 3.3.3
	Response by registered person detailing the actions taken: Monitored on a daily basis.
Area for improvement 7 **Ref:** Regulation 16 (2)(b) **Stated:** First time **To be completed by:** 1 October 2025	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to care plans having sufficient detail to direct staff as to the care required for those residents who require one to one supervision or who are subject to any Deprivation of Liberty Safeguards. Ref 3.3.3
	Response by registered person detailing the actions taken: All staff retrained on DOLS.
Area for improvement 8 **Ref:** Regulation 27(4)(b) **Stated:** First time **To be completed by:** 18 September 2025	The registered person shall ensure that the practice of wedging open fire doors must cease immediately, and that fire doors effectively self-close. Ref: 3.3.4
	Response by registered person detailing the actions taken: Within the staff meeting all staff were made aware no fire doors are to be wedged open at anytime.
Area for improvement 9 **Ref:** Regulation 10(1)	The registered person shall ensure that a robust system of audits are in place to monitor and maintain the quality of services in the home. Completed audits must clearly evidence management oversight and, where deficits are identified, a time bound action plan is in place to address these.

Stated: First time **To be completed by:** 1 December 2025	Ref: 3.3.5
	Response by registered person detailing the actions taken: All audit documentation updated and completed.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 32 **Stated:** First time **To be completed by:** 27 June 2025	The registered person shall ensure refrigerator temperatures are appropriately monitored to include current, minimum and maximum temperatures are recorded and action is taken if the temperature range is outside 2^0C - 8^0C. 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 6 **Stated:** First time **To be completed by:** 27 June 2025	The registered person shall ensure person-centred care plans are in place for the management of insulin and distressed reactions. 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 3 **Ref:** Standard 6.3 **Stated:** Second time **To be completed by:** 1 November 2025	The registered person shall ensure the resident or their representative signs their care plan. Ref: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: All careplans reviewed and signed, Audit on regular basis
Area for improvement 4 **Ref:** Standard 25.6 **Stated:** First time **To be completed by:** 18 September 2025	A full and accurate record is kept of staff working over a 24-hour period and the capacity in which they worked. This is in specific relation to the hours worked by the manager. Ref 3.3.1
	Response by registered person detailing the actions taken: Rota updated and reflects mangers hours of work.

Area for improvement 5 **Ref:** Standard E7 **Stated:** First time **To be completed by:** 1 December 2025	The registered person shall review the signage in the home to meet the general needs of the resident group and to promote independence in all the areas occupied or used by residents. Ref 3.3.4 **Response by registered person detailing the actions taken:** All signage has been reviewed.
Area for improvement 6 **Ref:** Standard E10 **Stated:** First time **To be completed by:** 1 December 2025	The registered person shall ensure that window restrictors are fitted to all rooms that residents have access to. Ref: 3.3.4 **Response by registered person detailing the actions taken:** All window restrictors fitted.

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