The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Oriel House

Provider: Oriel House

Date of Inspection: 11 November 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: Oriel House is a residential care home registered to provide 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. Accommodation is provided over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 11 November 2025, from 12.00pm to 2.00pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The findings of the medicines management inspection on 27 June 2025 evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified in relation to personal medication records, medicine administration records, audit systems for medicines management, monitoring refrigerator temperature and care plans for the management of insulin and distressed reactions. The management team were given a period of time to address the issues identified. This follow-up inspection was undertaken to evidence if the necessary improvements had been implemented and sustained.

Improvements in the systems in place for the management of medicines were observed. Medicine records were in place and up to date. Medicines were stored securely. There was effective auditing in place to identify any shortfalls and to ensure residents were administered their medicines as prescribed. However, one area for improvement in relation to care plans was carried forward for review at the next inspection and one new area for improvement was identified in relation to the admission process.

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.

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.

The areas for improvement in relation to personal medication records, medication administration records, audits and refrigerator temperatures identified at the last medicines management inspection were assessed as met. 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).

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

Two questionnaires were received from residents who were satisfied with how their medicines were managed.

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.

No responses to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Personal Medication Records

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, with the exception of one new admission, were accurate and up to date (See section 3.3.5). 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. Where photographs were not included on personal medication records it was documented that residents had refused consent.

3.3.2 Refrigerator temperature records

Medicines which require cold storage must be stored between 2^{o}C and 8^{o}C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer.

There were no medicines requiring cold storage on the day of inspection, however records were reviewed for a period of time when insulin was being stored in the home. Satisfactory records were kept during this time period.

3.3.3 Medication administration records

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. One missed signature was brought to the attention of staff and the manager for review and on-going monitoring. Records were filed once completed and were readily retrievable for audit/review.

3.3.4 Medication management audits

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.

The date of opening was recorded on most medicines to facilitate audit and disposal at expiry. A small number of medicines for a recently admitted resident did not have a date of opening recorded. This was discussed with staff for immediate action.

3.3.5 Other inspection findings

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.

Records reviewed indicated written confirmation of prescribed medicines was obtained at admission. However, there was evidence that staff had not followed up discrepancies in a timely manner to ensure that all medicines were available for administration, a record of the receipt of these medicines including quantity obtained had not been recorded and the personal medication record had not been fully completed. Some medicines were not available for administration as prescribed. An area for improvement was identified.

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 medicine trolley had recently been moved to this storage location and arrangements for monitoring the room temperature were put in place on the day of inspection.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	7*	5*

* the total number of areas for improvement includes 11, which were carried forward for review at the next 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 11 November 2025	The registered person shall review the admissions process to ensure that personal medication records are fully completed, all medicines are available for administration as prescribed and a record of the receipt of medicines is maintained, including the quantity received. Ref: 3.3.5
	Response by registered person detailing the actions taken: All admission Kardexs are double sign by 2 staff on admission to ensure corrct information on Kardex, all documents received from providing chemists is checked against what medication has been received and filed for inspection.
Area for improvement 2 **Ref:** Regulation 29 (4) (a) **Stated:** Second time **To be completed by:** 1 October 2025	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.
	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. Ref: 2.0
Area for improvement 3 **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.
	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. Ref: 2.0
Area for improvement 4 **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.
	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. Ref: 2.0

Area for improvement 5 **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. **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.** Ref: 2.0
Area for improvement 6 **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. **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.** Ref: 2.0
Area for improvement 7 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 1 December 2025	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. **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.** Ref: 2.0
Action required to ensure compliance with the Care Standards for Residential Homes, December 2022	
Area for improvement 1 **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. **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.** Ref: 2.0

Area for improvement 2 **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.
	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. Ref: 2.0
Area for improvement 3 **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.
	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. Ref: 2.0
Area for improvement 4 **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 areas occupied or used by residents.
	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. Ref: 2.0
Area for improvement 5 **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.
	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. Ref: 2.0

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The Regulation and Quality Improvement Authority

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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