The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Adelaide House**

Provider: **Presbyterian Council of Social Witness**

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:	Presbyterian Council of Social Witness
Individual/Responsible Person:	Mr Dermot Parsons
Registered Manager:	Mr Jordan Anderson

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 up to eight residents living with dementia and one resident with a mental health diagnosis. Residents' bedrooms are located over three floors.

Residents have access to communal bathrooms, lounges, a dining room and a garden/courtyard area.

2.0 Inspection summary

An unannounced inspection took place on 11 November 2025, by two care inspectors.

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 22 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection, nine areas for improvement were assessed as having been addressed by the provider. Other areas for improvement either have 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 described staff as "helpful" and "very good". Residents spoken with said that they were mostly happy living in Adelaide House. Comments included, "The staff in the home are very good, nothing is a bother to them," and "I am very happy here, they are all lovely."

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.

Staff said that they enjoyed working in Adelaide House, staff said; "Things are more settled now," and "There are no issues, I am happy with the staffing levels."

Relatives spoken with said, "We are happy because she is happy."

One questionnaire was returned following the inspection, the respondent confirmed that they were happy with the care provided in the home. The respondent commented, "The care home is caring and warm. The staff are great and are very attentive."

There was one response from the online survey; the respondent raised no concerns with the care provided in Adelaide House.

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. A review of records evidenced that that some staff inductions had not been fully completed or signed off by the manager within the relevant timeframe. An area for improvement was stated for a second time.

Review of staff training records evidenced that mandatory training compliance levels were low in relation to moving and handling and fire awareness training. An area for improvement was stated for a second time.

There was no evidence available that staff had received supervision or appraisal within this calendar year. This was discussed with the manager during feedback; two areas for improvement were identified.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork, that they felt well supported, and that they were satisfied with the staffing levels.

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 were also observed offering 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.

The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. The menu for the day had not been displayed for residents to view. This was discussed with the manager who confirmed that new menus have been ordered and that these will be displayed when they are delivered. This will be reviewed at a future inspection.

There was evidence that residents were encouraged to participate in regular residents' meetings, which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

At times, some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

There was a lack of choice of meaningful activities provided in the home, the activity folder lacked detail regarding the activities held and some discrepancies in the recording of activities were noted. Some residents commented negatively on the provision of activities in the home, comments included, "There are no activities," and "I can't recall the activities," these comments were shared with the manager. An area for improvement was stated for a second time.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

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.

The door to an office was found to be propped open on a number of occasions. Cupboards containing resident's confidential information were unlocked and open. An area for improvement was identified.

Staff were able to describe what resident's preference and wishes were but the care plans reviewed did not reflect this level of detail. For example, there was no care plan in place for a resident who had a pressure-relieving mattress, in addition to this there was no care plan for a resident who had been identified as at risk of choking. An area for improvement was stated for a second time.

Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy. It was positive to see improvements in the environment, for example, some areas of the home had recently been redecorated. The manager confirmed that further improvements were planned for the upcoming months. RQIA requested that the refurbishment plan be submitted in relation to the planned improvements. Residents' bedrooms were personalised with items important to them. Communal areas were suitably furnished, warm and comfortable.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks and resident call system checks. However, a fire door was found to be propped open on several occasions. An area for improvement was identified.

It was noted that one room within the home was being used for a purpose other than the reason it had been registered for. The identified room was being used for storage. Review of records confirmed a variation application had not been received by RQIA. An area for improvement was identified.

A radiator was found to be hot to the touch and posed a potential risk to the residents. An area of improvement was identified for all hot surfaces to be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action if required.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection.

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

Review of a sample of records evidenced that a 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	2*	12*

* the total number of areas for improvement includes four standards that have been stated for a second time and four standards which are carried forward for review at the next medicines management inspection.

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 Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 19 (1) (b) **Stated:** First time **To be completed by:** 11 November 2025	The registered person shall ensure that confidential information relating to residents is safely secured. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Manager has ensured a new combination lock has been placed on the door into the office. The door now locks behind the person entering or leavng meaning all information is secure. the importance of this has been shared at a recent Staff meeting .
Area for improvement 2 **Ref:** Regulation 14 (2) (a) and (c) **Stated:** First time **To be completed by:** 11 November 2025	The registered person shall ensure that radiators in the home are maintained at a low heat, otherwise, covered to minimise the risk of accidental burns. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered Manager has ensured temperature valves have been placed on radiators to ensure they minminse the risk of accidental burns.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 23.1 **Stated:** Second time **To be completed by:** 30 November 2025	The registered person shall ensure that all staff receive a completed and structured induction and that there is managerial oversight of the induction process. Ref: 2.0 & 3.3.1
	Response by registered person detailing the actions taken: The Registered Manager has implemented an Induction process in place for all new staff to make sure they receive a complete induction and supported through this, the registered manager audits the inductions on a monthly basis as part of the complaince..

Area for improvement 2 **Ref:** Standard 23 **Stated:** Second time **To be completed by:** 30 November 2025	The registered person shall ensure that staff who work in the home receive mandatory training as appropriate to their role. Ref: 2.0 & 3.3.1
	Response by registered person detailing the actions taken: All staff undertake online training. In person training is booked for those staff where it has expired. Matrix in place to show when staffs training is about to expire and this can be then rebooked or completed online
Area for improvement 3 **Ref:** Standard 13.9 **Stated:** Second time **To be completed by:** 30 November 2025	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. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: Activity folder in place with a section for each residents. The folder is completed and updated with residents attending activities or 1-1 sessions.
Area for improvement 4 **Ref:** Standard 6.6 **Stated:** Second time **To be completed by:** 30 November 2025	The registered person shall ensure that care plans are kept up-to-date and reflect the resident's current needs. Ref: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: Ongoing auditing of care files and care plans. Care plans are currenly reviewed monthly to highlight any changes and to make sure they are still effective.
Area for improvement 5 **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: 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 6 **Ref:** Standard 10 **Stated:** First time	The Registered Person shall review the management of medicines prescribed "when required" for distressed reactions to ensure that: • a care plan is in place to direct care

To be completed by: Immediate and ongoing (2 October 2025)	• the reason for and outcome of each administration is recorded. • frequent use is referred to the prescriber for review 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 7 **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: 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 8 **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 is outside the recommended range. 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 9 **Ref:** Standard 24.2 **Stated:** First time **To be completed by:** 31 December 2025	The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months. Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff will receive a supervision before the end of 2025. Structured plan in place to ensure all staff receive at least 2 supervisions and one appraisal per year the registered Mnager now has a good robust planner in place..

Area for improvement 10 **Ref:** Standard 24.5 **Stated:** First time **To be completed by:** 31 December 2025	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: The Registered mananger has a good robust Plan in place to make sure all staff receive their annual appraisal.
Area for improvement 11 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 11 November 2025	The registered person shall sure that fire doors throughout the home are not propped open. Ref: 3.3.4
	Response by registered person detailing the actions taken: All fire doors checked on the daily walkaround in the morning. Home manager, Deputy Home Manager and Senior Care Assistansts completeing random walk arounds of the buidoing tthroughout the day to ensure safe practice is being followed.
Area for improvement 12 **Ref**: Standard 27.11 **Stated:** First time **To be completed by:** 11 November 2025	The registered person shall ensure that all proposed changes to the use of any area, the use of any room or the layout of the premises are notified to RQIA in writing for consideration prior to the changes taking place. Ref: 3.3.4
	Response by registered person detailing the actions taken: Variation has been sent to RQIA

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