The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Oriel House**

Provider: **Oriel House**

Date of Inspection: **26 February 2026**

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 and 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 26 February 2026 between 9.50am and 3.00pm 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 medicines management inspection on 11 November 2025 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 evident 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.

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.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. Four areas for improvement under the Regulations will be stated for a second time. Two other areas for improvement will be reviewed at the next medicines management 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 spoke positively about life in the home. Comments included, "The girls are good, I feel safe here." and, "I am happy with the care here." 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, "The staff are attentive and the food is good." Another resident said," The girls are fantastic; I am very happy here."

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.

No completed responses to the resident or relative questionnaires or to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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 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.

3.3.2 Quality of Life and Care Delivery and Management of Care Records

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual resident's 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 resident choice in how and where they spent their day or how they wanted to engage socially with others.

Confidential resident information was being stored in a rack on a wall in the dining room. This was brought to the manager's attention and removed immediately. An area for improvement was identified.

Care records lacked a range of up to date assessment of needs, and these were not being regularly reviewed or signed. An area for improvement was stated for a second time.

The care plan review process was not meaningful or effective in ensuring records were accurate, up to date and sufficiently detailed, and the review was not always signed by a member of staff. Care plans reviewed did not contain enough detail in relation to assessed needs to direct staff as to the care required. A care plan for a resident subject to Deprivation of Liberty Safeguards (DoLS), lacked sufficient detail to direct the care required, and to the rationale for the DoLS. Two areas for improvement were stated for a second time.

3.3.3 Quality of Residents' Environment and Management systems

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.

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.

Whilst a system of management audits were in place, they were limited in their scope. The audit templates, being used did not include time-bound action plans, or evidence the system showing the audit process. Completed audits were not always signed by the manager. An area for improvement was stated for a second time.

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. Action plans from these reports were repetitive, and were not identifying issues that were found on the day of inspection. An area for improvement was 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	7*	1*

* the total number of areas for improvement includes four that have been stated for a second time under Regulation, and one under Regulation and one under the 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 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: 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 15 (2) (a) (b) **Stated:** Second time **To be completed by:** 1 May 2026	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 2.0 & 3.3.2
	Response by registered person detailing the actions taken: Change of circumstances is updated on the day of the changed and double signed.
Area for improvement 3 **Ref:** Regulation 16 (2) (b) **Stated:** Second time **To be completed by:** 1 May 2026	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 2.0 & 3.3.2
	Response by registered person detailing the actions taken: Clients named worker will keep files up to date and ensure they reflect the residents current needs, weekly meeting with named workers and manager to review files.
Area for improvement 4 **Ref:** Regulation 16 (2) (b) **Stated:** Second time **To be completed by:** 1 May 2026	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 2.0 & 3.3.2
	Response by registered person detailing the actions taken: Refresher training has been completed.

Area for improvement 5 **Ref:** Regulation 10 (1) **Stated:** Second time **To be completed by:** 1 May 2026	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. Ref: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: Audits have been reviewed and updated.
Area for improvement 6 **Ref:** Regulation 19 (1)(b) **Stated:** First time **To be completed by:** 26 February 2026	The registered person shall ensure that confidential information relating to residents are safely secured at all times. Ref: 3.3.2
	Response by registered person detailing the actions taken: All confidential information is in locked filing cabinets.
Area for improvement 7 **Ref:** Regulation 29(4)(c) **Stated:** First time **To be completed by:** 1 May 2026	The registered person shall ensure that the person carrying out the monthly monitoring visits prepares a written report on the conduct of the home. This report should be robust, and review the previous Quality Improvement Plan (QIP). Ref: 3.3.3
	Response by registered person detailing the actions taken: All information has been added to report.
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

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