The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Adelaide House

Provider: Presbyterian Council of Social Witness

Date of Inspection: 20 April 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation:	Presbyterian Council of Social Witness
Responsible Individual:	Mrs Caroline Yeomans
Registered Manager:	Mr Jordan Anderson

Service Profile:

Adelaide House is a residential care home, registered to provide 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 20 April 2026, from 10.10am to 3.00pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The findings of the medicines management inspection on 2 October 2025 evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified in relation to: temperature monitoring of the medicine storage areas, the security of medicine storage, expired medicines, personal medication records and the management of 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.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. The majority of medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. However, one area for improvement in relation to the management of distressed reactions was stated for a second time and new areas for improvement were identified in relation to records for the disposal of medicines and the management of medicines on admission/readmission to the home.

Whilst areas for improvement were identified, there was evidence that residents were being administered their medicines as prescribed.

The areas for improvement in relation to temperature monitoring of the medicine storage areas, expired medicines and personal medication records identified at the last medicines management inspection were assessed as met. The area for improvement in relation to the security of medicine storage identified at the last medicines management inspection was assessed as met at the previous care inspection. Areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, the restated area for improvement and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

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.

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

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.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

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 were accurate and up to date. 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. Obsolete personal medication records had been cancelled and archived.

Copies of residents' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines, prescribed on a 'when required' basis for distressed reactions, was reviewed. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain and other factors.

Directions for use were clearly recorded on the personal medication record and resident-centred care plans were in place. Any regular use had been referred to the prescriber for review. However, records of administration did not consistently include the reason for and outcome of each administration. In addition, running balances of these medicines were maintained as per the home's own medicine policy. Review of these records evidenced missed entries and inaccurate balances. An area for improvement was stated for a second time.

The management of warfarin was reviewed. Warfarin is a high risk medicine which requires regular blood testing. The dose of warfarin prescribed depends on the blood test result. A care plan was in place and warfarin had been administered as prescribed. Staff were reminded that obsolete administration records must be archived to ensure they are not referred to in error. This was actioned immediately and the manager agreed to monitor.

3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area, including medicine trolleys, cupboards and the refrigerator, was observed to be securely locked to prevent any unauthorised access. Storage was tidy and organised so that medicines belonging to each resident could be easily located. All medicines were within their expiry date.

The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage.

Arrangements for the safe disposal of medicines were reviewed. Medicines for disposal were stored securely prior to returning to the community pharmacy. However, review of records indicated that numerous items for return to the community pharmacy had not been entered into the returned medicine record book. An area for improvement was identified.

3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

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. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

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 medicines to facilitate audit and disposal at expiry.

3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

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 that staff had not received written confirmation of one resident's current prescribed medicines from their GP. Medicines were being administered in accordance with information provided by the previous care home. There is a potential that recent medication changes may not have been implemented. In addition, another resident had recently returned from hospital and discrepancies in the hospital discharge letter had not been followed up to ensure that the correct medicines were being administered. An area for improvement was identified.

3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent.

It was agreed that the findings of this inspection would be discussed with staff to facilitate ongoing improvement.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	11*

* the total number of areas for improvement includes one that has been stated for a second time and ten which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Jordan Anderson, Registered 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 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. **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 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. **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 Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 10 **Stated:** Second time **To be completed by:** Immediate and ongoing (20 April 2026)	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 • the reason for and outcome of each administration is recorded. • frequent use is referred to the prescriber for review Ref: 3.3.1
	Response by registered person detailing the actions taken: The Service Manager has completed a full audit of service users who are prescribed PRN medications for distressed reactions. All Service Users identified now have a care plan in place for the prescribed medication identifying the prescription details and the direct care required for the administration of the medication. The Service Manager sent an email on the 1st May with feedback to all Senior Staff and then had individual meetings with Senior Staff to discuss the plans for implementing the correct forms, whilst refreshing the knowledge of all senior

	staff on the use of the PRN protocol to ensure this is followed and to reinforce the need to identify the reason for adminstration and and the outcome. All senior staff have been advised to review the frequency of the adminsitration of distressed reaction medication, identified patterns or regular administrations are to be communciated with the prescriber.
Area for improvement 2 **Ref:** Standard 31 **Stated:** First time **To be completed by:** Immediate and ongoing (20 April 2026)	The registered person shall ensure that an accurate record of medicines for disposal is maintained. Ref: 3.3.2
	Response by registered person detailing the actions taken: After the pharmacy inspection, the Service Manager met with all senior staff and they have been reminded of the disposal of medication process. The Service Manager is completing weekly audits on the medications disposed to ensure these have been recorded accurately and the process is being maintained.
Area for improvement 3 **Ref:** Standard 31 **Stated:** First time **To be completed by:** Immediate and ongoing (20 April 2026)	The registered person shall review the process for the management of medicines for newly admitted residents and residents returning from hospital to ensure that safe systems are in place as detailed in the report. Ref: 3.3.4
	Response by registered person detailing the actions taken: After the pharmacy inspection, the Service Manager held individual discussions with all Senior Staff and discussed the admission process for newly admitted Service User's and returning Service User's from hospital. This will ensure staff receive a current up to date list of medications.
Area for improvement 4 **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.
	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 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.
	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 6 **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.
	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 7 **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.
	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 8 **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.
	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 9 **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.
	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 10 **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.
	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 11 **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.
	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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