

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

FAILURE TO COMPLY NOTICE

Name of Registered Establishment: Oriel House	Name of Registered Person: Oriel House Mrs Margaret Teresa Thompson (Registered Person)
Address of Registered Establishment: 30 Oriel Road, Antrim, BT41 4HP)	
Issue Date: 5 October 2026	FTC Ref: FTC000263
Regulation not complied with: <i>The Residential Care Homes Regulations (Northern Ireland) 2005</i> <i>Registered person: general requirements</i> <i>Regulation 10.—</i> <i>(1) The registered provider and the registered manager shall, having regard to the size of the residential care home, the statement of purpose, and the number and needs of the residents, carry on or manage the home (as the case may be) with sufficient care, competence and skill.</i>	
Specific failings to comply with regulations: During an unannounced inspection of Oriel House (RQIA ID: 11119) on 14 September 2026, significant concerns were identified regarding the governance and managerial oversight within the home and the lack of progress with areas for improvement identified during a previous care inspection on 26 February 2026. The systems and processes in place for staff recruitment did not provide sufficient assurances that all required checks had been consistently completed and recorded before staff were permitted to commence work in the home. This included checks relating to Access NI, satisfactory references, health check information and the investigation and documentation of any gaps in employment history. RQIA identified that a staff member had not maintained their registration with the Northern Ireland Social Care Council (NISCC). NISCC were contacted by RQIA and it was confirmed that this staff member had not been on the NISCC register for a period exceeding one year. This significant lapse had not been identified through the home's audit and monitoring systems. This demonstrated a failure to effectively monitor the staff registration and raised concerns regarding the robustness of management oversight and governance arrangements.	

Significant concerns arose regarding the service's knowledge and understanding of the home's registered categories of care and conditions of registration. At the time of inspection, inadequate assurances were provided to the Inspectors that residents had been appropriately assessed and admitted in accordance with the home's registration requirements. In particular, there was insufficient clarity regarding the appropriateness of placements for residents living with dementia and whether their assessed needs fell within the categories of care and conditions of registration for which the home is registered.

A review of previous inspections and Quality Improvement Plans (QIP) issued to the home has highlighted that improvements required in relation to residents' care records are not being sustained or embedded into practice. Residents' records did not provide an accurate assessment of need or provide staff with the guidance to ensure care and support was delivered appropriately.

During the inspection, RQIA were informed that there were no residents in the home identified as being at risk of falls. However, a review of residents' records identified at least two residents with a documented history of falls; both residents had falls risk assessments in place, however they were not fully completed.

Concerns were identified regarding the suitability and safety of one resident currently living upstairs. The resident's care records stated that the resident was unable to safely negotiate stairs, had a history of falls, and that their mobility had deteriorated. Despite these identified risks, the resident continues to be accommodated upstairs. This raises significant concerns regarding whether the resident's placement and/or location within the home, is appropriate in accordance with the home's conditions of registration and if sufficient consideration had been given to their changing and identified needs. The lack of effective assessment and management of these identified risks had the potential to place the resident at risk of falls, injury and avoidable harm.

Care plans were not in place for all residents' assessed needs, for example diabetes and dementia. Residents' care plans were not consistently accurate, current or reflective of their assessed needs.

Care plans reviewed had not been updated to reflect changes in residents' physical health and care needs, and did not provide sufficient detail regarding, for example, specific needs associated with diabetes, dementia, catheter care, falls and Deprivation of Liberty Safeguards (DoLS). Three residents had a DoLS care plan in place but were not subject to DoLS. Staff and management did not demonstrate a full understanding of DoLS or restrictive practices and a restrictive practice audit was not accurate.

Staff training records evidenced that staff had completed diabetes training. However, observation and review of records did not evidence that this training had been embedded into staff practice.

A DNACPR form reviewed was only partially completed and had not been signed or dated by a medical practitioner. This raised significant concerns regarding the validity and clarity of the resident's documented resuscitation decision. In an emergency, incomplete or unauthorised records may result in either inappropriate attempts at resuscitation or failure to provide emergency treatment, thus placing the resident at potential risk of avoidable harm.

Audits reviewed lacked sufficient detail to demonstrate meaningful oversight, analysis or evaluation of findings. The audit process did not consistently demonstrate or identify improvements required or evidence action taken to address deficits. For example, the care record audit for the last two months had no comments and the changes to care plan audit indicated that all care plans were up to date as of 27 May 2026, with no further comment; this was not in keeping with the findings of the inspection.

A review of the duty rota evidenced that the manager had worked a period of 21 days consecutively in various roles including night shift, cleaning and kitchen cover. RQIA are concerned that this level of workload may impact on the manager's capacity to effectively oversee the day to day operation of the home.

A review of a sample of monthly monitoring visits highlighted that they lacked sufficient detail so as to effectively quality assure service delivery and drive any necessary improvements in the home.

RQIA are concerned regarding the effectiveness of the governance arrangements in the home and the ability to identify, address and monitor risks within the home.

Action required to comply with regulations:

The registered person shall ensure that:

- A system is embedded to ensure that all staff are employed in accordance with robust selection and recruitment procedures, and best practice standards; this system should clearly evidence effective and proactive oversight by the manager.
- A system is embedded to ensure that the professional registration of staff is effectively and proactively monitored at all times; this system should clearly evidence meaningful and ongoing oversight by the manager.
- A robust system must be in place to ensure that residents admitted to the home are assessed appropriately; so that their needs can be safely met in accordance with the Statement of Purpose.
- Residents' assessment of need must be reflective of their current needs, incorporating relevant multi-disciplinary recommendations and kept under regular review.

- Person centred care plans must be in place for all residents and accurately reflect their assessed needs; this may include but not be limited to managing: falls, dementia and diabetes. All care plans must be kept under regular review.
- Relevant staff should receive further training in Deprivation of Liberty Safeguards (DoLS) and restrictive practice commensurate with their role and responsibilities and be able to demonstrate their awareness and knowledge of DoLS.
- A system is implemented and maintained which ensures that all relevant staff complete training commensurate to their role in regard to the nutritional care of residents. This may include but not be limited to: diabetes management; and supporting healthy eating choices.
- A robust system is developed and implemented for the completion, recording, review and management of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions. This must include arrangements to ensure that DNACPR records are completed accurately, appropriately authorised and dated, readily accessible to relevant staff and regularly reviewed to ensure they remain current.
- A system is developed and implemented which ensures that all relevant staff complete training commensurate with their role in relation to the management of DNACPR arrangements.
- A system is developed and implemented so as to ensure that all residents accommodated in first floor bedrooms are reviewed in order to ensure that their assessed needs (including their mobility and ability to use stairs) is affectively and proactively managed on an ongoing basis.
- A robust and comprehensive system of governance audits are developed and implemented in order to identify deficits in care delivery and service provision; these audits must clearly evidence actions taken to drive necessary improvements in a sustained manner. This should include but not be limited to: care records, recruitment of staff, NISCC registrations, DoLS and restrictive practice.
- The manager maintains a consistent, effective, and meaningful management presence within the home sufficient to provide appropriate oversight of all aspects of service delivery. Any variances must be recorded on the staff duty rota.
- Monthly monitoring visits are conducted in a sufficiently robust manner so as to identify, drive and sustain improvements within the home; monthly monitoring reports must meaningfully contribute to good governance in the home and demonstrate oversight of the quality of services offered to residents.

The Registered Person may make written representations to the Chief Executive of RQIA regarding the issue of a failure to comply notice, within one month of the date of serving this notice.

Date by which compliance must be achieved: 30 November 2026

Signed



pp Director of Adult Care Services

This notice is served under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Home Regulations (Northern Ireland) 2005

It should be noted that failure to comply with some regulations is considered to be an offence and RQIA has the power under regulations to prosecute for specified offences.

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

FAILURE TO COMPLY NOTICE

Name of Registered Establishment: Oriel House	Name of Registered Person: Oriel House Mrs Margaret Teresa Thompson (Registered Person)
Address of Registered Establishment: 30 Oriel Road, Antrim, BT41 4HP	
Issue Date: 5 October 2026	FTC Ref: FTC000264
Regulation not complied with: <i>The Residential Care Homes Regulations (Northern Ireland) 2005</i> <i>Further requirements as to health and welfare</i> <i>Regulation 14.-</i> <i>(4) The registered person shall make arrangements, by training persons employed or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.</i>	
Specific failings to comply with regulations: An unannounced inspection was undertaken to Oriel House (RQIA ID: 11119) on 14 September 2026. It was noted that the fire risk assessment had been completed on 15 August 2026. The risk assessment identified three actions, including the completion of fire drills for the staff, clearing of debris around the oil tank and removing combustibles from an electrical cupboard, requiring completion as soon as reasonably practicable. The manager was unable to provide access to the current fire risk assessment for the service. The manager advised the inspectors that the home had not been provided with a copy. There was no evidence that these actions had been completed or that the manager had appropriate oversight of the identified fire safety risks. Failure to ensure that identified actions were promptly addressed could result in known fire safety hazards remaining unmanaged and had the potential to place residents, staff and others at risk of harm in the event of a fire. The policy for managing service users' finances had not been reviewed since October 2021. An updated policy submitted to RQIA following the inspection did not provide clear procedures detailing how written records and receipts of all transactions are maintained; this creates a risk of inconsistent practice and inadequate financial controls. In the absence of up to date detailed policies and procedures staff may not understand the required controls for handling service users' monies.	

While the manager advised that all residents had capacity to manage their finances, it was noted that person centred care plans to support this were not in place.

The manager advised that the home did not hold monies for any residents. However, patients' private property (PPP) requests were observed in one resident's file. Records were not maintained for deposits and withdrawals to and from the business account for residents. Failure to maintain these records provides a lack of evidence that residents monies are managed appropriately.

The manager stated that all residents pay the hairdresser and podiatrist directly. However, financial records were not maintained and receipts were not provided. Failure to maintain these records provides a lack of evidence that residents monies are managed appropriately.

Action required to comply with regulations:

The registered person shall ensure that:

- The current Fire Risk Assessment must be made available for the manager of the home in order to ensure actions arising from the assessment are addressed, monitored and completed within agreed timescales.
- A robust system is developed and implemented to ensure that policies and procedures for the management of service users' finances are kept up to date, and made accessible to staff.
- Comprehensive and person centred care plans are in place for all residents in regard to managing their own monies.
- A system is developed and implemented so as to ensure that all staff involved in the management of residents' monies, are trained in accordance with the home's financial policies and procedures.
- Implement and evidence a robust system to record all financial transactions for residents, including withdrawals and deposits, so that these transactions are transparent and fully auditable.

The Registered Person may make written representations to the Chief Executive of RQIA regarding the issue of a failure to comply notice, within one month of the date of serving this notice.

Date by which compliance must be achieved: 30 November 2026

Signed



pp Director of Adult Care Services

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The Nursing Home Regulations (Northern Ireland) 2005***

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prosecute for specified offences.***