



Inspection Report

Name of Service:

River House

Provider:

Presbyterian Council of Social Witness

Date of Inspection:

9 May 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
Responsible Individual:	Mr Dermot Parsons
Registered Manager:	Miss Rebecca McMaster, not registered
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 29 residents. The home provides care for individuals requiring general residential care and for individuals living with dementia.</p> <p>Residents bedrooms are located over two floors and all residents have access to the communal lounge areas, bathrooms, a large dining room and to the garden area at the rear of the house.</p>	

2.0 Inspection summary

An unannounced inspection took place on 9 May 2025, between 9.40 am and 5.00 pm by a care inspector.

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 29 August 2024 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 established 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.

Some staff raised concerns about the staffing levels in the home. Details were shared with the management team who confirmed that they would be carrying out a review of staffing at all levels in the home. This is further discussed in section 3.3.1.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either 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 resident's, relatives, staff or the commissioning Trust. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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.

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 "brilliant" and "very good." Residents spoken with said that they were happy living in River House. Comments included, "I enjoy being here, we are well looked after," and "so far everything is going well, the staff are very good."

Residents also told us that there were always activities during the day, one resident said, "we do quizzes and painting, I have no complaints."

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.

One relative spoken with said, “we are very pleased, we have no concerns and we are happy with the care provided.”

A healthcare professional who was visiting the home at the time of this inspection said that River House was a “good home” they confirmed that they had no concerns about the home.

Staff said that they enjoyed working in River House, staff said; “I enjoy working here we have a good team.” However, staff did raise concerns regarding staffing levels, this is further discussed in section 3.3.1.

Feedback from the online survey was shared with the management team for review and action if necessary.

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. There was evidence of systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role, however a number of staff raised concerns regarding both care and domestic staffing levels. This was discussed with the management team and assurances were provided that staffing levels would be reviewed. The manager also confirmed that posts had been advertised for both roles. Given the assurances from the management team an area for improvement was not identified at this time and this will be reviewed at a future inspection.

On the day of the inspection observation of the delivery of care evidenced that residents’ needs were met by the number and skills of the staff on duty. Staff in the home responded to the needs of the residents in a timely way offering residents choice and support throughout the day. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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. Throughout the day staff confirmed that they attended ‘safety pauses’ prior to mealtimes to ensure good communication across the team about changes in residents’ needs.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs. For example, during the morning activity staff were observed using encouragement and gentle, respectful humour to support residents to join in.

Staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner.

Staff were observed offering residents' choice in how and where they spent their day or how they wanted to engage socially. Residents were observed to be enjoying one another's company in the lounge. Residents were also observed to be enjoying their own activity such as watching TV or reading the newspaper. There was a homely atmosphere.

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.

Where a resident was at risk of falling, measures to minimise this risk of falls should be put in place. Examination of supplementary records showed inconsistencies in post fall observations. An area for improvement was identified.

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 and their diet modified.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager confirmed that there were robust systems in place to manage residents' nutrition and mealtime experience.

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. Prior to the mealtime staff held a safety pause to consider those resident who required a modified diet. A mealtime co-ordinator was in place to oversee the meal time experience.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned morning musical activity confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

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

The weekly programme of social events was displayed on the noticeboard and a monthly newsletter was made available to residents and their families advising of future and past events.

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.

Residents care records were held confidentially. Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. However, there was no evidence of resident involvement in the planning of their own care, this was discussed with the manager during feedback. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

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. Homely touches such as books and games were available throughout the home and residents and their visitors had access to a tea gallery.

Observation of the outside of the home evidenced that the outside area needed attention and gardens needed further attention. Residents and staff also commented on the presentation of the exterior of the home.

The manager confirmed that plans were in place to address these issues but there was no timeframe in place for the painting of the home. An area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. However, a number of actions from the fire risk had not been completed within the required time frame. In addition to this some staff had not attended fire drill training within the required timeframe. Two areas for improvement were identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Miss Rebecca McMaster has been the acting manager in this home since 13 January 2025.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. One staff member said, "the manager is doing well, she listens to us."

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager 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	0	7*

* the total number of areas for improvement includes two standards that are carried forward for review at the next 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 Minimum Standards (December 2022) (Version 1:2)	
Area for Improvement 1 Ref: Standard 31 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that the controlled drug record book is completed in line with the Standard Operating Procedures and that correction fluid is not used.</p> <p>Ref: 2.0</p> <p>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.</p>
Area for improvement 2 Ref: Standard 31 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that a full and accurate record of all medicines received into the home is maintained.</p> <p>Ref: 2.0</p> <p>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.</p>
Area for improvement 3 Ref: Standard 8 Stated: First time To be completed by: 9 May 2025	<p>The registered person shall ensure that all records are kept up to date, legible and accurate. This area for improvement relates to post fall observation records.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The Acting Manager now reviews all documentation after an incident has occurred to ensure there are no gaps in the 24 hour post falls observations. A falls procedural tool has been devised by the regional management team which will enable staff to follow a step by step guide on all relevant documentation required to be completed after a fall. Incident packs have been put together inclusive of Incident forms, PHA post falls pathway guidance and the falls procedural tool to assist the home's senior staff for effective recording. The Acting Manager completes a monthly falls audit, completing a deep dive on each individual incident, to ensure all records are accurate and completed and learning is identified. The Regional Manager has delivered recording and reporting training to the home's senior team. A further mop up session has been arranged for the 4th July 2025, to discuss and familiarise</p>

	the senior staff team with the newly updated PHA post falls pathway tool.
Area for improvement 4 Ref: Standard 12.10 Stated: First time To be completed by: 31 May 2025	<p>The registered person shall ensure that, all care plans are up to date and where appropriate there is evidence of resident involvement in the care planning process.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The home's senior team are currently rewriting residents' individualised care plans. As these are being developed, the senior staff are liaising with the resident/representative to ensure the resident is involved within the care planning stage, and the care plans are being signed to reflect the resident/representative's satisfaction with the content. On completion the aligned keyworker, who has devised the care plans will sign the care file audit document for ease of monitoring the progress on all care files. The Acting Manager will review two care files a month to ensure completion. The Regional Manager, during the monthly monitoring visit, will also be reviewing two care files for completion.</p>
Area for improvement 5 Ref: Standard 27 Stated: First time To be completed by: 31 October 2025	<p>The registered person shall ensure that the premises and grounds are safe, well maintained and remain suitable for their stated purpose.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The gardens, front and back have been tidied up. The lawn has been cut and flower beds weeded. The gardens will be kept under review and attended to as needed. The Acting Manager will complete a weekly environmental audit which is inclusive of the external areas, to ensure satisfactory upkeep.</p>
Area for improvement 6 Ref: Standard 29.1 Stated: First time To be completed by: 31 August 2025	<p>The registered person shall ensure that the recommendations made following the fire risk assessment (FRA) are scheduled for implementation in accordance with the time frame listed in the FRA action plan.</p> <p>Ref 3.3.4</p>

	<p>Response by registered person detailing the actions taken: The Acting Manager has updated the FRA action plan. There is one outstanding action, "to contact the Northern Ireland Fire Service". The Acting Manager has emailed the fire service to request a visit, this action will be updated after the visit to the service.</p>
<p>Area for improvement 7 Ref: Standard 29.6 Stated: First time To be completed by: 31 August 2025</p>	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year.</p> <p>Ref 3.3.4</p> <p>Response by registered person detailing the actions taken: The Acting Manager had pre arranged Fire Evacuation drills for the 27th and the 28th May. All staff have now participated within a fire drill/evacuation. The Acting Manager has devised a fire drill/evacuation matrix, to ensure that all staff moving forward engage in annual fire evacuation drills.</p>

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