

Inspection Report

Name of Service: River House
Provider: Amore (Watton) Limited
Date of Inspection: 16 September 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:	Amore (Watton) Limited
Responsible Individual:	Miss Sarah Elizabeth Perez
Registered Manager:	Mrs Catherine Busby
Service Profile – This home is a registered residential care home which provides health and social care for up to 8 residents who have a diagnosis of a learning disability. The home consists of 5 self-contained apartments and three bedrooms with en-suites. Residents have access to a communal lounge, a dining area and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 16 September 2025, between 9.30 am and 3 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 21 January 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.

As a result of this inspection, all areas for improvement were assessed as having been addressed by the provider. 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 responded warmly about the provision of care in River House, they were smiling and engaging with staff throughout the day. Comments made included “I enjoy the food, there is plenty of choice” and “I enjoy going out”.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support. Staff said that they felt they worked well together and enjoyed engaging with the residents. Staff confirmed that there was a good working relationship between them and the home’s management team.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff with comments such as “...is thriving since ... has been here, the staff have been a big part of how ... has settled in” and “the management are very hands on”

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

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 teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. Observation of the delivery of care evidenced that residents’ needs were met safely, effectively and compassionately by the number and skills of the staff on duty.

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 skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, staff were observed supporting and reassuring residents and supporting them to take part in individual daily activities.

Staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner. Staff offered residents choice in how and where they spent their day or how they wanted to engage socially with others.

The importance of engaging with residents was well understood by the manager and staff. Observation of the interactions between staff and residents confirmed that staff knew and understood residents' preferences and wishes. Staff supported residents to participate in their chosen activity. Staff supported residents who wished to spend time in the communal areas of the home and those who wished to remain in their own rooms.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Mealtimes were flexible to suit the needs and wishes of each individual resident. There were systems in place to manage residents' nutrition and mealtime experience. There was a variety of choice for the residents based on their likes and dislikes.

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 of care needs, care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Care records, which include care plans, 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. Residents, where possible, were involved in planning their own care.

Resident's care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

A programme of refurbishment was in place and a number of floors were being replaced throughout the home.

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

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Catherine Busby has been managing the home since January 2022 and was registered with the RQIA in May 2022.

Staff commented positively about both the manager and the deputy manager and described them as very supportive and always available to them.

There was evidence of auditing across various aspects of care and services provided by the home. In the care plan audits, there were omissions in relation to the dates audits were completed and when actions were addressed. An area of improvement was identified.

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	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Cathy Busby, 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 Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 22 Stated: First time To be completed by: 31 October 2025	The registered person shall ensure that dates are completed on audits to reflect when the audit was completed and the date when actions were addressed. Ref: 3.3.5 Response by registered person detailing the actions taken: The entry boxes have been widen to allow for sign off to be completed by Management. This will support an improved oversight of the evaluation process of support plans.

Please ensure this document is completed in full and returned via the Web Portal



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