

Inspection Report

Name of Service: Trinity House
Provider: Presbyterian Council of Social Witness
Date of Inspection: 24 & 25 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:	Presbyterian Council of Social Witness
Responsible Individual:	Mr Dermot Parsons
Registered Manager:	Mr Andrew Harbottle, not registered
<p>Service Profile – This home is a registered residential care home, which provides health and social care for up to 50 residents, including residents over 65 years of age and residents living with dementia.</p> <p>There are a range of communal areas throughout the home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 September 2025 between 10.20 am and 4.45 pm & 25 September 2025 between 9.55 am and 2.20 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 22 & 23 January 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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 three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been carried forward for review 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.

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 spoken with provided mostly positive feedback about their experiences residing in the home. Residents spoke positively about the staff and the activities in the home. Comments regarding staffing levels were shared with the management team for review and action as appropriate.

Families who were visiting their loved ones spoke fondly about the home and the care their loved ones were receiving. Other comments regarding staffing levels at night and access to the building, were shared with the management team for review and action as appropriate.

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. Catering staff were employed by an external contract; there was a service level agreement in place with regard to recruitment and training. There was no evidence of an induction specific to the home; this was identified as an area for improvement.

Systems were in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC).

Staff were not observed wearing name badges. The systems in place to enable residents and relatives to recognise staff by their name was discussed with the management team and assurances were provided that a plan was in place to provide name badges for all staff.

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 observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

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.

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 residents choice in how and where they spent their day or how they wanted to engage socially with others.

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.

Residents may require special attention to their skin care. Systems were in place to monitor these residents.

Staff had an understanding of the post falls protocol, however post fall checks were not always completed within the timeframes required by the homes post fall documentation. The details of this were shared with the management team for review and action as appropriate. This will be reviewed at a future inspection.

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.

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 residents who required a modified diet. Staff made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Activities were observed taking place across the home, including games in the main lounge area. Residents who did not wish to take part in the group activities were supported to engage in their own preferred activity including reading, listening to music or attending the church/chapel in the home. Residents and relatives confirmed that there were also opportunities for residents to attend activities out of the home, such as day trips.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

The weekly programme of social events was displayed on the noticeboard and shared with residents, families and staff advising of future 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. The details of specific care plans requiring actions were shared with the management team for the actions to be completed.

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. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

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.

An electrical cupboard was observed unlocked. This was addressed at the time of inspection and an action plan was identified by the management team to address this. An area for improvement was identified.

Review of records and discussion with the management team confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks and resident call system checks.

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 no change in the management of the home since the last inspection. Mr Andrew Harbottle has been the manager in this home since 19 September 2024.

Residents, relatives and staff commented positively about the management team and described them as supportive and approachable.

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 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. A discussion took place with the management team to ensure that all concerns logged as complaints are recorded appropriately in the complaints log for monitoring and oversight. This will be further reviewed at a future inspection.

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	2*	4*

* the total number of areas for improvement includes one regulation and three standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Andrew Harbottle, Manager and Mrs Lisa Gibson, Regional 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 13 (4) Stated: First time	The Registered Person shall ensure that suitable arrangements are in place for the management and storage of controlled drugs. Ref: 2.0
To be completed by: 28 January 2025	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.

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 24 September 2025</p>	<p>The Registered Person shall ensure that the identified electrical cupboard is kept locked.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Electrical cupboard has been added to the daily walk around checks that are carried out by the senior in charge at the commencement of their shifts. This check now occurs at the start of both morning and night shifts. These are subsequently followed up by the Service Manager or Deputy Manager, when they arrive to the service and before leaving for the day.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1.2 Dec 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (28 January 2025)</p>	<p>The Registered Person shall ensure that records of medicines received are accurately maintained.</p> <p>Ref: 2.0</p> <hr/> <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>
<p>Area for improvement 2</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: 4 February 2025</p>	<p>The Registered Person shall ensure that the management of distressed reactions is reviewed to include a care plan, record the reason for and outcome of the administration of medicines prescribed for use on a 'when required' basis and to inform the prescriber if these medicines are used on a regular basis.</p> <p>Ref: 2.0</p> <hr/> <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>
<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure that resident specific care plans for the management of pain are in place that include details of prescribed medicines where relevant.</p> <p>Ref: 2.0</p>

<p>To be completed by: 4 February 2025</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>
<p>Area for improvement 4</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p> <p>To be completed by: 25 September 2025</p>	<p>The Registered Person shall ensure that catering staff complete an induction specific to the home.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The Induction document specific to the home catering staff was completed on the 25th September 2025, before the RQIA inspection ended. This was agreed for use by PCI and Mount Charles Catering Company. The induction record has now been implemented, and completed for all Mount Charles employed staff in the Trinity House kitchen. The Service Manager will maintain oversight of this, and complete for any new staff being employed by Mount Charles.</p>

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