The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** Aaron House

**Provider:** Presbyterian Council of Social Witness

**Date of Inspection:** 2 December 2025

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

## 1.0 Service information

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| **Organisation:** | Presbyterian Council of Social Witness |
| **Responsible Individual:** | Mr Dermot Parsons |
| **Registered Manager:** | Ms Michelle Stewart, not registered |
| **Service Profile:**<br>Aaron House is a registered residential care home, which provides health and social care for up to 16 residents with learning disability. The home is a purpose built bungalow situated over one floor with individual bedrooms, communal lounges, dining and bathroom areas. Residents also have access to external gardens. | |

## 2.0 Inspection summary

An unannounced inspection took place on 2 December 2025, from 9.30 am to 6.00 pm by two care inspectors.

This was a scheduled inspection, which took into account information received by RQIA, which raised concerns in relation to staffing levels, inadequate staff inductions and the alleged over-reliance on agency staff. Concerns were also raised regarding the quality of senior managerial support, governance systems, management of concerns and a noted high turnover of managers.

In response to this information, RQIA decided to review these concerns during the scheduled unannounced inspection. RQIA also reviewed the areas for improvement identified at the last care inspection on 3 April 2025. Some of the concerns identified were substantiated during this inspection; this is discussed in sections 3.3.1 and 3.3.3.

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.

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.

As a result of this inspection three of the previous five areas for improvement were assessed as having been addressed by the provider; one area for improvement has been stated for a second time and one 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 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 the home; on their return from day care, they were smiling and engaging with staff.

Staff said there was good teamwork and that they felt well supported in their role. However, some staff expressed concerns about staffing levels in the home. Staff said, "This is a happy place, we have great team leaders and the managers are very visible." This is discussed further in section 3.3.1 of the report.

External workers carrying out maintenance repairs in the home were asked for their view on the care in the home. They said, "The care is very good," and "I would have no concerns."

No additional feedback was received from residents, relatives or staff following the inspection.

## 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 skills of staff on duty each day meets the needs of residents. A sample of recruitment files evidenced employments checks were completed prior to staff working in the home.

Discussion with staff on duty confirmed that before commencing work in the home they had an induction. However, a review of records evidenced that inductions for both permanent and agency staff were not fully completed or robust and there was no evidence of oversight by the manager. Senior managers advised that they were aware of the 'gaps' in the induction records and were addressing this. An area for improvement was identified.

A number of staff raised concerns about staffing levels in the home, with staff also commenting on the 'high use' of agency staff. A review of the duty rota evidenced that the home was operating within their planned staffing model, including provision of enhanced care requirements. On the day of the inspection, two agency staff were working in the home, one in a senior support role and the other providing enhanced one to one care, a review of the duty rota confirmed that there was a high reliance on agency staff over the previous weeks.

The management team told us that due to a high turnover of staff they were in the process of recruiting staff into permanent positions within the home, which would reduce the need for agency staff. This will be reviewed at a future inspection.

### 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 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.

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. Review of records and discussion with staff and the manager confirmed that there were robust systems in place to manage residents' nutrition and their mealtime experience. There was choice of meals offered, and the menu was on display in both dining rooms.

The manager and staff understood the importance of engaging with residents. 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.

### 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.

Care plans were mostly well maintained, regularly reviewed and updated, to ensure they continued to meet the residents' needs. However, there was limited evidence of resident involvement in planning their own care. In addition to this, care plans and risk assessments were not always signed and dated by the member of staff who had completed them. Two areas for improvement were identified.

Residents' risk assessments had not been kept under regular review, for example moving and handling risk assessments and activity risk assessments; it is important that these are reviewed on a regular basis to ensure that they are reflective of residents' current needs and risks. The area for improvement previously stated has been stated for a second time.

The door to an office containing confidential information was not secured resulting in the potential for residents' personal information to be accessible to unauthorised individuals. An area for improvement was identified.

### 3.3.4 Quality and Management of Residents' Environment

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

Some areas of the home were showing signs of wear and tear, for example, some areas were in need of new flooring and furniture was in need of replacing. A time bound refurbishment plan was submitted to RQIA post inspection and this will be reviewed at a future inspection.

Corridors were clean and free from clutter or hazards. Fire doors throughout the home were being replaced. The manager confirmed that the fire risk assessor had been informed of the building work and all staff had been updated on how to keep the home safe while the new doors were being installed.

A review of staff training records evidenced that mandatory training compliance levels in relation to fire evacuation, fire warden training and fire awareness were low. Two areas for improvement were identified.

We observed that staff had left the medication room unlocked with the potential for residents or visitors to access prescribed medicines. An area for improvement was identified.

### 3.3.5 Quality of Management Systems

There has been a change in the management of the service since the last inspection. Ms Michelle Stewart has been the acting manager in this home since 8 September 2025. The

manager confirmed she had received an induction but no documentary evidence was presented. Whilst this should be available for inspection, evidence of this was provided via email post inspection. An area for improvement was identified.

RQIA were informed by the Responsible Individual (RI) on 7 November 2025, that he would be stepping down on a temporary basis and that Caroline Yeoman would be the acting Responsible Individual (RI) from 10 November 2025.

Staff commented positively about both the new manager and the regional manager and described them as supportive, approachable and able to provide guidance. There was evidence that systems were in place to ensure oversight of audits within the home, for example accident and incident analysis, restrictive practices and fire checks.

There was evidence of systems in place to manage safeguarding referrals. Discussion with staff working in the home demonstrated good knowledge of safeguarding and reporting of incidents. Staff indicated that they felt confident in reporting any concerns and that these would be managed appropriately. Staff demonstrated knowledge of the whistle blowing policy and procedures and confirmed they knew how to access this information if required.

The home was visited each month by a representative of the registered provider. These visits from part of the overall governance and quality assurance systems in the home. Whilst reports of these visits were completed, identified actions were being repeatedly carried forward with no evidence of review or action. The visits were therefore not effective in driving the necessary improvements. An area for improvement was identified.

## 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 |
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| **Total number of Areas for Improvement** | 2 | 9* |

* The total number of areas for improvement includes one standard that has been stated for a second time and one standard that has been 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

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| **Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 13 (4) (a)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>2 December 2025 | The Registered Person shall ensure that the medication room is kept locked.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>The Registered Manager has installed a new locking system on the treatment room door, the treatment room door was replaced 15/12/25, as part of the registered manager and person in charge daily walkarounds the door is checked to ensure it is locked though out the day. This is also discussed in daily safety huddle to remind staff the importanace of ensuring this door is locked. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 29<br><br>**Stated:** First time<br><br>**To be completed by:**<br>2 December 2025 | The registered person shall ensure that where actions have been identified as part of the Regulation 29 visits, these are completed within the agreed timeframes and signed off by the senior person/manager when action has been taken.<br><br>Ref: 3.3.5 |
| | **Response by registered person detailing the actions taken:**<br>The Registered Manager has implemented an action plan to record any action indentified following Monthly Regulation 29 (MMV) to ensure compliance and timely completion of actions , Registered Manager has dicussed the importance of reading and actioning the actions required with senior care assistants and relevant staff that are named on the (MMV). |
| **Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.2 December 2022)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 13.4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 May 2025 | The Registered Person shall ensure that the programme of activities is displayed in a suitable format and is up to date with what activities are planned each day for residents and their representatives to view.<br><br>Ref: 2.0 & 3.3.2 |
| | **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** |

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| **Area for improvement 2**<br><br>**Ref:** Standard 6<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>2 December 2025 | The Registered Person shall ensure that individual risk assessments are completed to inform the care planning process, updated when necessary and kept under review for residents.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>The Registered Manager is currently reviewing and auidting all care files to ensure the most up to date version is in place. A senior meeting is being held with Registered Manager on 12/01/26 to indentity any training gaps, Traning Manager will attend if required to provide training. |
| **Area for improvement 3**<br><br>**Ref:** Standard 23.1<br><br>**Stated:** First time<br><br>**To be completed by:**<br>2 December 2025 | The registered person shall ensure that all staff receive a structured induction. Records must be maintained to evidence full completion and managerial oversight of the induction process.<br><br>This area for improvement refers to both permanent and agency staff.<br><br>Ref: 3.3.1 |
| | **Response by registered person detailing the actions taken:**<br>Meaning induction training for Senior took place on 16/12/25, to ensure all staff including agency staff have a meaning induction. A matrix was implemented to ensure timely recording of induction with protected time staff. Senior care assistants are reminded daily to check the induction folder and to complete any Induction training that is required that day. Once induction training is completed the Registered Manager will review and sign of the induction paperwork. |
| **Area for improvement 4**<br><br>**Ref:** Standard 6<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 December 2025 | The registered person shall ensure that care plans evidence resident involvement in the care planning process.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>The Registered Manager has discussed in detail with Senior care assistants the importance of involving services users and N.O.K in the care plan process when this is not possible , Senior care assitants to record on the care plan the reason.<br>This will also be discussed in Care reviews with the care manager. |

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| **Area for improvement 5**<br><br>**Ref:** Standard 8.5<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 December 2025 | The registered person shall ensure that all care plans are signed and dated by the person making the entry.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>The Registered Manager has discussed with all staff about the importance of ensuring all care plans are signed and dated by the person making entry. This is now a standing agenda on team meetings. |
| **Area for improvement 6**<br><br>**Ref:** Standard 22<br><br>**Stated:** First time<br><br>**To be completed by:**<br>2 December 2025 | The registered person shall ensure that residents' records are stored securely.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>The Registered Manager has now archived all service users records, Regional team are sourcing a locked portable cabin for storage of records. |
| **Area for improvement 7**<br><br>**Ref:** Standard 29<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 December 2025 | The registered person shall ensure that all staff complete fire awareness training and fire warden training in line with their roles and responsibilities to enable them to fulfil their fire safety responsibilities.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br><br>All staff have completed their fire awareness and fire warden training. New staff have been booked on to face to face training.All staff have completed their online training. |
| **Area for improvement 8**<br><br>**Ref:** Standard 29.6<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 December 2025 | The registered person shall ensure that all staff attend a fire evacuation drill at least once a year.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>The Registered Manager has conducted four fire drills 08/12/25 09/12/25 11/12/25 17/12/25 this ensured all staff have completed a fire drill, last fire drill was completed in June 2025 this standard 29.6 has now been met.<br>A Matrix has now been implemented to ensure compliance. |

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| **Area for improvement 9**<br><br>**Ref:** Standard 23.6<br><br>**Stated:** First time | The registered person shall ensure that a record is kept in the home of all staff inductions; this is with specific reference to the manager's induction records.<br><br>Ref: 3.3.5 |
| **To be completed by:**<br>31 December 2025 | **Response by registered person detailing the actions taken:**<br>The Registered Mnager has a locked filling unit in the Manager office, which also has the Manager induction paperwork insitu. |

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

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