The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Trinity House

Provider: Presbyterian Council of Social Witness

Date of Inspection: 22 January 2026

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 Person:	Mrs Caroline Yeomans - acting
Registered Manager:	Mr Andrew Harbottle – not registered

Service Profile –
This home is a registered residential care home which provides health and social care for up to 50 residents, including those over 65 years of age and those with dementia.

There are a range of communal areas throughout the home and residents have access to an enclosed outdoor area.

2.0 Inspection summary

An unannounced inspection took place on 22 January 2026, between 9.30 am and 5.30 pm by two care inspectors.

Prior to the inspection RQIA received information raising concerns in relation to the overall organisational governance and culture within the Presbyterian Council of Social Witness (PSCW).

In response to this information, RQIA decided to undertake an unannounced inspection, which focused on the following areas:

- Governance and management arrangements
- the management of concerns
- the lived experience of residents
- staffing arrangements, induction, training and support of staff and managers
- staff knowledge regarding management of adult safeguarding

Areas for improvement identified at the last care inspection on 24 September 2025 were also reviewed as part of this inspection.

Some of the areas of concern regarding, governance systems and systems to support staff were substantiated during this inspection. Two previous areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been carried forward for review at a future 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 who were able to make their wishes known provided mostly positive feedback about their experiences of living in the home. Some of the comments shared by residents included, "the staff are brilliant, my room is perfect" and "the staff are good, I can speak to them." Other comments regarding lack of activity provision in the home were shared with the management team for review and action as appropriate.

Residents were observed sitting comfortably across the home in their bedrooms or one of the communal lounges based on their own individual preferences.

Relatives spoken with were generally positive about the care delivered in the home. Specific comments which required further investigation were shared with the management team and assurances were provided regarding the actions taken to address these.

3.3 Inspection findings

3.3.1 Governance and Management Arrangements

RQIA were informed by Dermot Parson, Responsible Individual (RI), on the 7 November, that he would be stepping down on a temporary basis and that Caroline Yeomans would be the acting RI from 10 November 2025. RQIA have since been notified that Mr Parsons has resigned from his role with PCSW.

There has been no change to the day to day operational management of the home since the last inspection. Mr Andrew Harbottle commenced his position as the manager in this home on 19 September 2024. An application to register as the manager with RQIA is pending.

Discussion with the manager confirmed that he had received an induction when he commenced the position of manager in September 2024. Review of records evidenced further induction on 1 September 2025 when his position was made permanent. This induction was detailed and meaningful.

The arrangements for supervision and appraisal for the manager were discussed and the manager confirmed that there were systems in place to ensure these were provided alongside informal opportunities to receive support and guidance from the regional manager on an ongoing basis.

Residents and staff mostly commented positively about the manager and the regional manager and described them as supportive, approachable and able to provide guidance. Staff were confident that if they had any complaints or concerns they knew who to raise these with and felt these would be managed appropriately.

A system of audit for reviewing the quality of care, other services and staff practices was in place. These were completed consistently and were improvements were required, following this, action plans to ensure these improvements were embedded into practice were completed.

Review of two weeks duty rota’s evidenced the managers hours and staff working in the home.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff to examine all areas of the running of the home. The reports of these visits were completed in detail; where an action plan to drive improvement was put in place, these were followed up to ensure that the actions were addressed. Where actions were not met within the originally agreed timeframes there was ongoing review to ensure they were completed. The reports were available for review by residents, their representatives, the Trust and RQIA.

3.3.2 Management of Concerns

Residents and staff said that they knew how to report any concerns or complaints and said they were confident that the manager would address these concerns. A review of complaints to the home evidenced that these had been addressed in a timely manner.

There was evidence of access to the current complaints and whistle blowing policies and signage in place to direct residents, their relatives and staff on how to raise a concern. Comments from a relative were shared with the management team for review and action as appropriate. Assurances were provided by the management team that these would be addressed appropriately.

There was system in place, which evidenced reporting of incidents and accidents to the appropriate organisations and bodies. However, review of a fall which had been reported to RQIA did not accurately evidence the details of the fall. An area for improvement was identified.

3.3.3 The Lived Experience of Residents

The home was bright and welcoming, residents were seated comfortably in communal spaces across the home or their bedrooms, based on their individual preferred choice. There was a calm and relaxed atmosphere and activities were taking place in one of the communal areas which residents could get involved if they wanted to.

The standard of décor and cleanliness of the home is important to the well-being and dignity of the residents and their enjoyment of their home. The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Staff were observed engaging with residents and offering support in a caring and compassionate manner. Residents who were able to make their wishes known commented positively about staff working in the home and said, "the staff are brilliant" and "the staff are approachable."

Whilst we observed some positive interactions between residents and staff there were also elements of practice, for example staff interactions, which were task orientated and did not provide opportunities for residents to have one to one conversations with the staff which would benefit their overall social stimulation and quality of life. These observations were shared with the management team for further consideration.

Residents mostly commented positively about opportunities to get involved in activities in the home, for example: listening to music and word searches. Some residents said they preferred to remain in their rooms with their own preferred activity, such as reading or watching the television. One resident reported there was a lack of activities; this was shared with the management team.

Lunch was served across two dining rooms and was relaxed and organised. Residents were observed enjoying their meals, the menu was on display and reflected the options available on the day. A review of modified diets identified that residents were receiving a higher than required level of modification. This was discussed with the management team who said they were aware of the issue and were addressing it with the company contracted to provide the catering service within the home. An action plan was agreed and assurances were provided to RQIA that monitoring arrangements were now in place to ensure residents receive the correct level of modification of meals.

Discussion with staff evidenced good knowledge of residents' needs in the home. However, residents care plans were not personalised to direct the care required. This is discussed further in section 3.3.6.

Discussion with staff and a review of records confirmed that systems were in place to ensure that staff were suitably trained to meet the assessed needs of residents. In addition to this, the management team confirmed further training was scheduled to take place in the home including, first aid, moving and handling and fire warden.

3.3.4 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.

Discussion with staff confirmed that before commencing work in the home, they had an induction. However, a review of records evidenced that inductions were not detailed or meaningful. The importance of detailed inductions was discussed with the management team at length and an area for improvement was identified.

Agency staff were frequently employed in the home, however; agency profiles and inductions were not available on the day of inspection. The management team confirmed these had been archived and therefore were not accessible. The importance of ensuring that agency profiles for staff currently working in the home are readily available to inform the manager and staff in charge of the home was discussed. An area for improvement was identified.

Discussion with the staff on duty and review of two weeks duty rotas identified that day duty shifts mostly met the planned staffing levels. Those shifts that were not covered were due to short notice sick leave. Staff and the management team confirmed that the management team have systems in place to secure cover when there is short notice leave in the home. The management team confirmed that recruitment was ongoing across all departments in the home.

Systems were in place for staff supervision and appraisal. However, some staff had not received formal supervision every six months. An area for improvement was identified.

Competency and capability assessments had been signed for staff who were in charge in the absence of the manager however; some of the assessments did not contain any detail of what had been assessed or the areas included. The absence of meaningful assessments to support staff in their identified roles can have an impact upon their overall performance and ability to carry out their designated duties. The details of this were shared with the management team and an area for improvement was identified.

Staff said they enjoyed working in the home and commented positively about the teamwork and support offered to them by the management team.

3.3.5 Adult Safeguarding

It was established that systems and processes were in place to safeguard residents and ensure that they feel safe within the home. A safeguarding policy was in place and staff demonstrated a sound understanding of their role within the safeguarding processes. Discussion with staff confirmed knowledge of safeguarding systems and protocols; and how to escalate concerns. There was evidence that staff had attended safeguarding training relevant to their role.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the homes safeguarding policy. The safeguarding officer was identified as the safeguarding champion for regulated services within the organisation. Discussion with staff evidenced that they were aware of changes to the safeguarding champion in the organisation and signage was in place throughout the home to reflect this.

There were records in place to evidence that any safeguarding concerns recorded had been appropriately reported.

3.3.6 Quality of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. However, care plans were not always in place to direct the care for individual assessed need for example, behavioural needs and enhanced one to one care. An area for improvement was identified.

There was also evidence that care plans were not reviewed regularly or within the required timeframes. The details of this were shared with the management team and will be reviewed further at a future inspection.

Care records did not always evidence that post falls observations were completed within the required timeframes as directed by the General Practitioner (GP). 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
Total number of Areas for Improvement	1*	7*

* The total number of areas for improvement includes one regulation and one standard carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Andrew Harbottle, Registered Manage and 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 appropriate action is taken when refrigerator temperatures are outside of the recommended range. Ref: 2.0
To be completed by: 12 November 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.**
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 6 **Stated:** Second time	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. Ref: 2.0
To be completed by: 12 November 2025	**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.**
Area for improvement 2 **Ref:** Standard 20.15 **Stated:** First time	The Registered Person shall ensure that notifications submitted to RQIA are an accurate account of the incident or accident which occurred. Ref: 3.3.2
To be completed by: 22 January 2026	**Response by registered person detailing the actions taken:** The Service Manager and Deputy Manager reviews all incidents forms before being submitted to the RQIA to ensure that all necessary actions have been completed for accuracy. The Regional Manager reviews all incident and accident forms during the Monthly Monitoring visit, providing an additional level of oversight.

Area for improvement 3 **Ref:** Standard 23.1 **Stated:** First time **To be completed by:** 5 February 2026	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. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Service Manager and Deputy Manager are reviewing all inductions to ensure these are meaningful and detailed. The Service Manager and Deputy Manager are completing inductions for all agency staff that are being booked to ensure these are detailed and meaningful. The Regional Manager reviews staff induction records and agency induction records, during the Monthly Monitoring Visit, to ensure completion as well as having a detailed, meaningful record completed.
Area for improvement 4 **Ref:** Standard 24.2 **Stated:** First time **To be completed by:** 19 February 2026	The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Service Manager has developed and implemented a supervision planner for 2026 to ensure that all staff receive a formal supervsion at least quarterly. The Regional Manager, reviews supervisons during the Monthly Monitoring Visit to provide an additional level of oversight for compliance.
Area for improvement 5 **Ref:** Standard 25.3 **Stated:** First time **To be completed by:** 19 February 2026	The Registered Person shall ensure competency and capability assessments for the person in charge are detailed and meaningful, to include details of the assessment and outcome. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Service Manager and Deputy Manager are reviewing all person in charge competencies to ensure these are meaningful and detailed. The Service Manager and Deputy Manager are completing in charge competencies, for all agency staff that are being booked to work within the service that will hold responsibility of being in charge of the service.

	The Regional Manager reviews staff competencies, and agency induction records during the Monthly Monitoring Visit to ensure completion as well as a detailed, meaningful record has been completed.
Area for improvement 6 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 5 February 2026	The Registered Person shall ensure that care plans are in place to meet the assessed needs of the residents. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Service Manager, Deputy Manager and the Senior staff team are currently reviewing each of the Service Users care files to ensure that all Assessments and Care Plans are in place to meet the individual needs of each Service User. The Regional Manager reviews two care files each month during the Monthly Monitoring Visit to ensure that the Assessments and Care Plans are reflective of the Service Users needs.
Area for improvement 7 **Ref:** Standard 8 **Stated:** First time **To be completed by:** 22 January 2026	The Registered Person shall ensure that post falls observations are completed within the timeframes required and records are accurately maintained to reflect this. Ref: 3.3.6
	Response by registered person detailing the actions taken: The Service Manager addressed 24 hour post falls recordings with the senior staff team on the day of the RQIA inspection. The Service Manager reviews all 24 hour post falls recordings for accuracy and completion daily. The Regional Manager reviews all 24 hour post falls records during the Monthly Monitoring Visit ensuring that all records have been completed accurately and within the timeframes.

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