The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** River House

**Provider:** Presbyterian Council of Social Witness

**Date of Inspection:** 26 January 2026

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/Registered Provider:** | Presbyterian Council of Social Witness |
| **Responsible Person:** | Mrs Caroline Yeomans - acting |
| **Registered Manager:** | Miss Rebecca McMaster, not registered |

**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.

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.

## 2.0 Inspection summary

An unannounced inspection took place on 26 January 2025, from 10.15 am to 4.00 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.

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 15 May 2025 were also reviewed as part of this inspection.

The concerns raised were not substantiated during this inspection. Four previous 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 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 said that living in the home was "very good" and that staff were "Very pleasant." Comments included, "Staff are all very helpful," "The staff are great," and "I am happy, I have no issues."

One relative spoken to said, "There are always things going on here, the staff are very good." A second relative said, "It's not too bad, the girls are very good." Further comments from relatives were shared with the management team for information and action if appropriate.

Staff told us that they enjoyed working in River House. Staff said, "Things are a lot better, we are no longer short staffed" and "Things are good, the home runs well most of the time."

A professional visiting the home confirmed that she as happy with the care provided and felt that the communication between the home and the Trust was very good.

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

## 3.3 Inspection findings

### 3.3.1 Governance and management arrangements

RQIA were informed by Dermot Parsons, Responsible Individual (RI), on the 7 November 2025, 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. Miss Rebecca McMaster has been the manager in this home since 13 January 2025. The manager has confirmed her intention to apply to register with RQIA. The manager is supported by a regional manager. The regional manager was present to support the manager to facilitate the inspection.

Review of records and discussion with the manager evidenced that she had received an induction on her commencement of post. The details of this evidenced that the induction was detailed and meaningful. The manager also confirmed that arrangements were in place for her for regular supervision and support.

Residents and staff commented positively about the manager and the regional manager and described them as supportive, approachable and able to provide guidance. One staff member said, “The manager offers very good support.”

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. When areas for improvement were identified these were addressed in a timely manner by the management team in the home.

There was evidence that the management team responded to any concerns, raised with them or through their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. 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 recorded 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.

There was system in place which evidenced reporting of incidents and accidents to the appropriate organisations and bodies.

### 3.3.3 The lived experience of Residents

The home was warm and welcoming, residents were observed to be seated comfortably in communal areas or in their bedrooms, based on their preferred choice. There was a homely atmosphere.

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. There was a calm, relaxed atmosphere in home.

The outside of the home requires further work; the management team confirmed that a plan was in place to address this. A previous area for improvement relating to this was first stated on 15 May 2025 and, as work is ongoing has been carried forward for review at the next inspection to allow sufficient time for the improvements to be completed.

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.

It was observed that 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.

Residents commented positively about the activities taking place in the home, comments included "there is always something going on," and "there are always activities, bingo, music and quizzes."

Residents and their relatives said they knew who the manager was and were confident that any concerns raised would be dealt with.

Discussion with staff evidenced good knowledge of residents' needs in the home. Care records which are person centred can improve the quality and consistency of care by helping staff understand the residents' preferences, needs and routines. It was positive to note that care records were person centred and well maintained.

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. Staff were knowledgeable of the residents, their likes and dislikes and what mattered most to the residents with regard to their care delivery. Staff confirmed that they had received specialised training to support them to meet the needs of residents. Senior care staff commented on training that had been organised for them in relation to their senior care assistant role within the organisation.

Shortfalls were identified concerning the effective management of potential risk to residents' health and wellbeing; specifically, open access to the sluice room with access to cleaning products. An area for improvement was identified.

### 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 on duty confirmed that before commencing work in the home, they had an induction. A review of records evidenced that robust and meaningful inductions had been carried out and updated for both permanent and agency staff.

Discussion with the staff on duty and review of two weeks duty rotas identified that day duty shifts met the planned staffing levels. Staff said the manager always tries to secure cover when there is short notice leave in the home. Comments shared regarding housekeeping staffing and the use of agency staff were shared with the management team. Assurances were provided that plans are in place to ensure there is adequate staffing levels across all roles within the home.

Systems were in place for staff supervision and appraisal and there was evidence that staff had received formal supervision and appraisal within the required timeframes. There was evidence of regular team meetings, residents meeting and relative meetings in the home.

Staff all commented on the positive teamwork in the home and on the support offered to them by the manager.

### 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. 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 records were person centred and well maintained and kept under regular review.

## 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** | 4* | 3* |

* the total number of areas for improvement includes six which 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 Home Regulations (Northern Ireland) 2005 | |
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| **Area for improvement 1**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 October 2025 | The registered person shall ensure the date of opening is recorded on all medicines to facilitate audit and disposal at expiry.<br><br>Ref: 2.0<br><br>**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.** |
| **Area for improvement 2**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 October 2025 | The registered person shall ensure that the regular refusal of prescribed medication is referred to the prescriber for review, and recorded in a care plan.<br><br>Ref: 2.0<br><br>**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.** |
| **Area for improvement 3**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 October 2025 | The registered person shall ensure that safe systems are in place for the management of medicines on admission as detailed in the report.<br><br>Ref: 2.0<br><br>**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.** |
| **Area for improvement 4**<br><br>**Ref:** Regulation 14 (4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>26 January 2026 | The registered person shall ensure that sluice rooms are maintained locked to limit unsecured access by residents to substances potentially hazardous to their health.<br><br>Ref: 3.3.3<br><br>**Response by registered person detailing the actions taken**:<br>The Service Manager, completes and records daily walkarounds, ensuring all store doors are kept locked.<br>This was also an agenda item and discussed at the full staff meeting on the 24/02/26, reminding all staff when accessing a store room, sluice room that the door is to be locked when exiting.<br>The Regional Manager completes and records a walk around when visiting the service, providing additional oversight, that all store/sluice room doors are locked. The Service Manager has |

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| | also put key code locks on the door to ensure that the Sluice room is locked at all times. |
| **Action required to ensure compliance with the Care Standards for Residential Homes, December 2022** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 6<br><br>**Stated:** First time<br>**To be completed by:**<br>30 October 2025 | The registered person shall ensure that care plans are in place for the management of distressed reactions.<br><br>Ref: 2.0 |
| | **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**<br><br>**Ref:** Standard 30<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 October 2025 | The registered person shall ensure that hand-written updates on the medication administration records are verified and signed by two staff.<br><br>Ref: 3.3.3 |
| | **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 3**<br><br>**Ref:** Standard 27<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 October 2025 | The registered person shall ensure that the premises and grounds are safe, well maintained and remain suitable for their stated purpose.<br><br>Ref: 2.0 & 3.3.3 |
| | **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.** |

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

The Regulation and Quality Improvement Authority

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