

# Inspection Report

**Name of Service:** Aaron House

**Provider:** Presbyterian Council of Social Witness

**Date of Inspection:** 28 April 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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| <b>Organisation:</b>                                                                                                                                                                                                                                                                                                                                     | Presbyterian Council of Social Witness      |
| <b>Responsible Individual:</b>                                                                                                                                                                                                                                                                                                                           | Mrs Caroline Yeomans - Registration Pending |
| <b>Registered Manager:</b>                                                                                                                                                                                                                                                                                                                               | Mrs Susan Stewart - Acting                  |
| <b>Service Profile:</b><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 care inspection took place on 28 April 2026, from 9.35 am to 6.50 pm by two care inspectors.

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 2 December 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Residents in the home were observed to be relaxed and comfortable in their environment and in their interactions with staff. Staff were respectful and communicated effectively with residents.

Staff told us there was good teamwork in the home and the management team are supportive and approachable.

As a result of this inspection RQIA required the provider to attend a serious concerns meeting on 15 May 2026. Concerns related to the health and welfare of residents, Infection Prevention and Control (IPC) practices, maintenance of the environment and the governance and oversight of service delivery. The meeting was attended by the applicant Responsible Individual (RI) and members of the management team. An action plan was presented at this meeting and RQIA were sufficiently assured from the discussion held that action had been taken and would be taken to address the deficits identified. RQIA will continue to monitor the quality of the service

provided and will carry out an inspection to assess progress with the areas for improvement on the Quality Improvement Plan (QIP).

Six areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Four areas for improvement were not met; one will be stated for a third time and three will be stated for a second time. One area for improvement will be reviewed 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 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 living in the home have a learning disability and this means that they may have different ways of communicating and/or may have difficulty making their views and opinions known. Residents, who were able to verbally communicate, told us that staff were "good" and they enjoyed the company of staff.

Residents who were not able to verbally communicate indicated that they were content through non-verbal body language such as smiling and nodding when asked if they were happy living in the home. Staff were observed being attentive to residents when supporting them throughout the day.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

There were no questionnaire responses returned following the inspection. One online survey response was returned from staff following the inspection. It confirmed they were satisfied with the care and services provided in the home.

RQIA are aware of recent complaints by some relatives, which were being appropriately managed by the home management and relevant agencies. Any concerns raised with RQIA were used as intelligence to inform our inspections.

### **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. A sample of recruitment records evidenced that employment checks were completed prior to staff working in the home.

Discussion with staff on duty and a review of records confirmed that before commencing work in the home they had an induction. Induction records were well maintained and included agency staff inductions.

Review of the staff duty rota evidenced that the person in charge of the home in the absence of the manager was not consistently identified. This was discussed with the management team and will be reviewed at a future inspection.

The system used to monitor staff mandatory training was requested during the inspection but was not provided, therefore RQIA were unable to confirm that staff working in the home had received the relevant training commensurate to their role and function within the home. Records must be made available at all times for inspection purposes. Two areas for improvement have been identified, one for a second time in relation to staff fire awareness training and the other relating to provision of records for inspection.

A review of the staff supervision and appraisal matrix for 2025 evidenced gaps in the record and highlighted that some staff had not received supervision in line with the required standard of a minimum of twice per year, or an annual appraisal. Two areas for improvement have been identified.

The system used to monitor staff registrations with the Northern Ireland Social Care Council (NISCC) evidenced that all staff who required to be registered were included. However, advice was provided to the management team to ensure that they sign and date the audit once it is completed.

#### **3.3.2 Quality of Life and Care Delivery**

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included relevant information about the residents, especially any changes to care needs, to ensure effective care delivery.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere throughout the home was relaxed.

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.

Concerns were identified with the management of wound care in the home; one resident had a wound which was being managed by the District Nursing service. However, the District Nursing care plan stated that Aaron House staff would manage the wound and change the dressing on the days that District Nursing did not attend the home. It was unclear what training and competency staff had completed to ensure they have the knowledge and skills to manage residents' wound care. An area for improvement has been identified to ensure that staff are trained and competent consummate with their role in the home.

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.

A structured observation was undertaken during the evening meal to assess the quality of interactions between staff and residents. The observation concluded that staff engagement with residents was consistently warm, respectful, and person centred. Staff took time to communicate positively with residents throughout the meal, creating a relaxing and inclusive atmosphere. Interactions were observed to be friendly, and at times, humorous, contributing to residents' enjoyment and wellbeing. Staff also provided encouragement and reassurance where required. Overall, the observation reflected caring relationships and positive social engagement.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal. However, it was noted that there was no menu available for residents and/or their representatives to view. This was discussed with the management team for their action and will be reviewed at a future inspection.

It was noted during the lunchtime meal that staff were not wearing Personal Protective Equipment (PPE) in accordance with food safety guidelines. An area for improvement has been identified.

There was a monthly, written activity planner in place which upon review evidenced a number of gaps. Residents and/or their representatives were unable to determine what activity provision had been organised. Advice was provided to ensure the format of the activity planner accurately reflected the planned events and met the needs of all residents in the home, for example by using pictures or signs. An area for improvement has been stated for a second time.

### 3.3.3 Management of Care Records

Review of residents' care records identified concerns in relation to the development, review and update of risk assessments and care plans to ensure they reflected the residents' current care needs.

A review of care records evidenced that individual risk assessments were not always completed, kept under review and updated when necessary. This previous area for improvement has been stated for a third time. Residents had risk assessments in place for pressure damage and malnutrition; these were not completed accurately. It was evident from the completed records that staff did not have the training, knowledge or competency to complete these records accurately or to interpret the outcome of the assessment, potentially placing residents at risk of harm.

A review of residents care plans evidenced inconsistencies and they were not always reflective of the residents' current care needs. For example, one resident required an airflow mattress due to their skin care needs. However, staff were unaware what the correct setting on the airflow mattress should be and this was not indicated in the care plan. An area for improvement to ensure that staff are trained and competent in keeping with their role in the home has been made.

It was identified that residents' care plans did not reflect current best practice approaches, for example, care plans were lengthy, unclear in specific directions for staff, not always regularly reviewed and lacking clear instructions for staff, which has the potential to lead to inconsistent care being delivered to residents. An area for improvement has been identified.

A review of supplementary records for residents evidenced gaps and inconsistencies. For example, repositioning records were not consistently completed for one resident and did not reflect the directions in the care plan. Some residents required staff to complete food and fluid intake records, these records were also inconsistently completed. An area for improvement has been identified.

A concern was identified in relation to the monitoring and escalation of the health and welfare needs of residents. For example, two residents' fluid intake records identified consecutive days with low fluid intake. If this was accurate, there was no evidence of action taken to escalate these concerns to the relevant professionals involved in residents' care and treatment. An area for improvement has been identified.

The door to a store room containing residents' records and confidential information was not secured, resulting in the potential for residents' personal information to be accessible to unauthorised individuals. An area for improvement has been stated for a second time.

### **3.3.4 Quality and Management of Residents' Environment**

Significant concerns were identified with the management of Infection Prevention and Control (IPC) throughout the home. Bathrooms and toilets throughout the home had no hand soap or disposable hand towels available to support handwashing. While residents' bedrooms had handwashing sinks, some had no soap or disposable hand towels to support staff handwashing at point of care delivery.

There was no hand sanitiser available throughout the home. Staff told us that hand sanitiser stations had been removed to manage risk related to one resident. No alternative arrangements had been put in place to ensure staff could access hand sanitiser and no consideration had been given to the impact on IPC throughout the home.

Disposable gloves were available in boxes positioned around the home; however, there was no evidence of disposable aprons for use during personal care. There were no central dispensers for Personal Protective Equipment (PPE) available for staff. Staff must have access to appropriate PPE and hand washing facilities in order to deliver safe care to residents.

Concerns were identified in a number of bedrooms with soiled linen, which was also worn and in need of replacement. It was also evident from reviewing the linen cupboard that the stock of linen in the home needed to be replenished. An area for improvement has been identified.

Review of the laundry room raised concerns about Infection Prevention and Control. There was no effective system in place to ensure a clear separation and directional flow between dirty and clean laundry. The layout and working practices did not support the safe handling of soiled items, creating a risk of cross contamination.

It was noted in the communal bathrooms, equipment used for residents' personal care needs had not been stored appropriately. There were also concerns identified with cleanliness. For example, one toilet cistern had a pull cord that was uncovered and unclean. The bath trolley was unclean. Pools of water were observed beside and under both baths with malodours present; both the baths were unclean and pipework was exposed. Given the extent of the issues identified with infection prevention and control (IPC) practices throughout the home a complete review of IPC practices must be undertaken to ensure IPC is managed in accordance with best practice to minimise the risk and spread of infection. An area for improvement has been identified.

In April 2025, RQIA identified that work was required to ensure the home's environment was maintained and decorated to a good standard. At this point an environmental action plan was shared with RQIA which identified that refurbishment had been planned. However, based on the current inspection findings, it was evident that the necessary improvements needed to bring the premises/environment up to an acceptable standard had not been fully undertaken and in some instances, the environment appeared to have deteriorated further. For example, both bathrooms, communal living/dining areas, hallways, sensory room and residents' bedrooms required refurbishment.

RQIA acknowledged that some redecoration work had been completed; however, the impact of this improvement work has been eclipsed by the overall appearance and poor standard of the environment. The limited progress with the required improvements to the standard of décor is concerning and has the potential to impact on the well-being and dignity of the residents and their enjoyment of their home. An area for improvement has been identified.

There were a number of hazards identified throughout the home, this included items in the environment which created a potential slip/trip risk to anyone accessing this part of the home. For example, in one resident's bedroom, the airflow mattress motor was placed on the floor and there was carpet missing from around a number of doorways. It was also noted that a number of bedrooms had electrical wires hanging from TVs and one extension lead had no Portable Appliance Testing (PAT) label attached. The laundry was also accessible due to a broken keypad and there were items being stored in the laundry which could potentially present a risk to residents if accessed. An area for improvement has been identified.

The Fire Risk Assessment (FRA) was completed on 5 September 2025, there were two actions identified. However it was unclear if these actions had been completed as required. An area for improvement has been identified.

### 3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Susan Stewart has been the acting manager since 5 January 2026.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Concerns were identified regarding governance and managerial oversight within the home and the lack of sustained improvements in the home, which has the potential to place residents at risk. The governance systems within the home, including monthly monitoring visits, failed to identify the areas of concern identified during this inspection. For example, a review of Infection Prevention and Control (IPC) audits evidenced that the last audit was completed on 26 January 2026, but it did not identify any concerns with IPC in the home. An action plan was created in relation to some refurbishment works required, but not signed off as completed or actioned. A review of the maintenance log for the home identified gaps and it was unclear if issues raised have been resolved. A review of the environmental action plan did not include residents' bedrooms and timescales for completion had not been achieved. An area for improvement has been identified.

The management team expressed concern that a number of the residents in the home, due to their complex needs, were potentially in need of nursing care. The management team confirmed that they have raised this issue with the relevant Health and Social Care Trusts and have recently requested multi-disciplinary input. In order to ensure that the needs of residents are fully met, there needs to be clear planning in partnership with the Trust/s. It is essential that people are assessed appropriately and receive the right care in the right place. An area for improvement has been 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 |
|----------------------------------------------|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 6           | 14*       |

\* the total number of areas for improvement includes one standard that has been stated for a third time, three standards that have been stated for a second time and one standard which is 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                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 13 (7)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>28 April 2026         | The Registered Person shall review infection prevention and control (IPC) practices throughout the home to ensure IPC is managed in accordance with best practice to minimise the risk and spread of infection.<br><br>Ref: 3.3.4                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                | <b>Response by registered person detailing the actions taken:</b><br>The Maintenance officer has completed the installation of the new hand sanitiser units and Dani centres around the service, ensuring adequate IPC stations are readily available around the service.<br>A comprehensive IPC audit has been undertaken, a full professional deep clean has also been completed in all areas of the service<br>Enhanced daily audits are being completed, along with daily cleaning schedules that are to be adhered to and checked for completion. |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 27 (2) (b) (d)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>28 April 2026 | The Registered Person shall conduct a robust review of the home's environment to identify redecoration and refurbishments required and complete a time bound action plan to address any deficits. This plan should be shared with RQIA for review.<br><br>Ref: 3.3.4                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                | <b>Response by registered person detailing the actions taken:</b><br>A full service refurbishment plan has been developed to address concerns, along with timelines that incorporate communal areas and bedroom spaces. This has been shared with RQIA.<br>The refurbishment plan is reviewed by the Estates Manager and Service Manager on a regular basis.<br>Choice Housing have replaced the Fire Doors, flooring and completed painting within communal areas. The scheme of works being completed by Choice Housing are currently ongoing.       |

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| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>28 April 2026</p> | <p>The Registered Person shall ensure that all areas of the home to which residents have access, are free from hazards to their safety.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>The Service Manager completes and records a daily walk around ensuring the environment is free from hazards, as well as ensuring all stores / restricted areas are secured and doors are closed / locked. In the absence of the Service Manager the Deputy Manager or Senior Care Assistant completes the walk arounds.<br/>The Daily walk around is designed as a 'find and fix', with the record being maintained and the findings are discussed at the safety huddle to ensure knowledge sharing and the benefit of completing the walk around to minimise risk and ensure the health and safety of service users.</p> |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>28 April 2026</p> | <p>The Registered Person shall ensure that any actions identified within the Fire Risk Assessment are completed within the timescales as required.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>The Estates Manager and the Service Manager on receipt of the Fire Risk Assessment have reviewed and devised an action plan. This is shared with Choice Housing where any identified concern is relating to the housing association. The action plan is reviewed weekly and updated to ensure progress is made within the identified timeframe, as well as demonstrating evidence of follow up actions for outstanding actions which lay outside of the our responsibility.</p>                                                                                                                                |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>1 June 2026</p>       | <p>The Registered Person shall ensure that audits are robust and when actions are identified, these are completed within the timescales required to drive the necessary improvements.</p> <p>Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b><br/>The management team within the service have been requested to ensure that the organisational audit analysis document is being completed monthly to ensure governance oversight as well as ensuring any identified actions have been completed and or a plan in place for completion. This is reviewed monthly by the aligned Regional Manager during the Monthly Monitoring Visit (MMV)</p>                                                                                                                                                                                 |

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| <b>Area for improvement 6</b><br><b>Ref:</b> Regulation 13 (1) (a)<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>1 June 2026 | <p>The Registered Person shall ensure that there is a system in place to identify when residents' needs change and a re-assessment of need completed in partnership with the relevant health and social care Trust responsible for the commissioning of the residents' care.</p> <p>Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b><br/> Residents currently being reassessed by Community MDT disciplines to ascertain any changes in assessed need and action plan for escalation to respective HSCT.</p> |
| <b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Area for improvement 1</b><br><b>Ref:</b> Standard 8.5<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>31 December 2025     | <p>The registered person shall ensure that all care plans are signed and dated by the person making the entry.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>                                                                                                                                                                                                                                        |
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 6<br><b>Stated:</b> Third time<br><b>To be completed by:</b><br>28 April 2026          | <p>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.</p> <p>Ref: 2.0 &amp; 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/> All care plans and risk assessments currently under review, as per ongoing assessments by MDT to ensure accurate reflection of assessed need.</p>                                                                                               |
| <b>Area for improvement 3</b><br><b>Ref:</b> Standard 29<br><b>Stated:</b> Second time<br><b>To be completed by:</b><br>1 May 2026           | <p>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.</p> <p>Ref: 2.0 &amp; 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b><br/> The Service Manager and Training Manager arranged Fire awareness training and Fire warden training, to ensure that all staff are trained to fulfil their responsibilities in relation to fire safety.</p>   |

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| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>1 May 2026</p>   | <p>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.</p> <p>Ref: 2.0 &amp; 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Management team discussing activities with residents, and implementing an increased and robust activity planner, which is available in different formats.</p>                                                                                                 |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 22</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>28 April 2026</p>  | <p>The registered person shall ensure that residents' records are stored securely.</p> <p>Ref: 2.0 &amp; 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>The identified store room has had a new fire door fitted with a keycoded lock, which automatically locks after entry and exit of the room, ensuring records are stored safely and securely. This is checked daily as part of the walkround.</p>                                                                                                                                                  |
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 22.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>28 April 2026</p> | <p>The Registered Person shall ensure that records required for inspection purposes are provided when requested and available in the home at all times.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b><br/>The Service Manager has implemented a training folder which provides evidence of face to face trainings and attendance. The Service Manager and Deputy Manager also review staff compliance on the online training platform weekly and address any deficits with staff. This report is readily available for inspection purposes.</p> |
| <p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 24.2</p> <p><b>Stated:</b> First time</p>                                                     | <p>The Registered Person shall ensure that staff have recorded, formal supervision no less than every six months.</p> <p>Ref: 3.3.1</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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| <b>To be completed by:</b><br>1 June 2026                                                                                                        | <b>Response by registered person detailing the actions taken:</b><br>The Service Manager has implemented the organisational supervision and appraisal matrix, to ensure oversight and the completion of supervisions for each individual staff member as per the organisational policy and RQIA minimum standards.                                                                                                                                                                              |
| <b>Area for improvement 8</b><br><br><b>Ref:</b> Standard 24.5<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>1 June 2026 | The Registered Person shall ensure that staff receive an annual appraisal as required.<br><br>Ref: 3.3.1                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                  | <b>Response by registered person detailing the actions taken:</b><br>The Service Manager has implemented the organisational supervision and appraisal matrix to ensure oversight and the completion of annual appraisals for each individual staff member. Annual appraisals are carried out throughout the year depending on when the individual commences employment.                                                                                                                         |
| <b>Area for improvement 9</b><br><br><b>Ref:</b> Standard 23.4<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>1 June 2026 | The Registered Person shall ensure that all staff are trained and competent for their role and responsibilities in the home.<br><br>Ref: 3.3.2 & 3.3.3                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                  | <b>Response by registered person detailing the actions taken:</b><br>The Service Manager and senior management team within the service have reviewed the individual service users needs and assessments, identifying areas of need that are required to be supported by the district nursing team and referred as necessary. There has been a range of bespoke training offered by HSC Trusts that have been implemented into the service to assist with specific service user identified need. |
| <b>Area for improvement 10</b><br><br><b>Ref:</b> Standard 28.3<br><br><b>Stated:</b> First time                                                 | The Registered Person shall ensure that all staff wear the correct Personal Protective Equipment (PPE) during meal times in the home.<br><br>Ref: 3.3.2                                                                                                                                                                                                                                                                                                                                         |

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| <b>To be completed by:</b><br>28 April 2026                                                                                                        | <b>Response by registered person detailing the actions taken:</b><br>The management team within the service, complete spot checks at meal times to ensure PPE compliance is being adhered to. Staff are reminded during handover and safety huddles to ensure PPE is being used accordingly. DANI stations are located strategically throughout the service to ensure staff always have access to adequate PPE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Area for improvement 11</b><br><br><b>Ref:</b> Standard 6.6<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>28 April 2026 | The Registered Person shall ensure that care plans are in place to accurately reflect residents' identified needs, and give clear instruction to staff on care delivery.<br><br>Ref: 3.3.3<br><br><b>Response by registered person detailing the actions taken:</b><br>All care plans and risk assessments are currently under review, as per ongoing MDT reassessments within the home. New daily notes and recording of information in place to ensure compliance and clearer recording of identified needs as per bespoke care plan.                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Area for improvement 12</b><br><br><b>Ref:</b> Standard 8.5<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>28 April 2026 | The Registered Person shall ensure that supplementary records in relation to residents' nutritional intake and skin care are completed accurately and kept up to date.<br><br>Ref: 3.3.3<br><br><b>Response by registered person detailing the actions taken:</b><br>On review of the Service Users assessments, food and fluid charts are no longer readily used, unless specified by a required allied health professional identifying a specific assessed need for daily recordings. Observation of skin checks are completed daily and recorded within the daily personal care records and any concerns identified are escalated to the senior in charge. Daily records are now reviewed by the Senior in Charge at regular intervals through out the shifts to ensure accurate completion as well as the ability to have oversight to identify gaps in recording and address with staff immediately. |
| <b>Area for improvement 13</b><br><br><b>Ref:</b> Standard 9.3<br><br><b>Stated:</b> First time                                                    | The Registered Person shall review the management of fluid intake to ensure that appropriate action is taken in response to low fluid intake.<br><br>Ref: 3.3.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>To be completed by:</b><br>28 April 2026                                                                                                       | <b>Response by registered person detailing the actions taken:</b><br>On review of the Service Users assessments, food and fluid charts are no longer readily used, unless specified by a required allied health professional identifying a specific assessed need for daily recordings.<br>Daily records are now reviewed by the Senior in Charge at regular intervals through out the shifts to ensure accurate completion as well as the ability to have oversight to identify gaps in recording and address with staff immediately. |
| <b>Area for improvement 14</b><br><br><b>Ref:</b> Standard 20<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>28 April 2026 | The Registered Person shall ensure that an adequate stock of linen is available in the home and that worn linen is replaced as required.<br><br>Ref 3.3.4                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                   | <b>Response by registered person detailing the actions taken:</b><br>Full provisions of new bed linen have been ordered and implemented into the service as well as a supply of additional backstock of these to ensure there is always adequate supply. To create a regulatory baseline, all bedlinen within the service was changed to the new linen.                                                                                                                                                                                |

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



The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

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