

Inspection Report

Name of Service:	River House
Provider:	Presbyterian Council of Social Witness
Date of Inspection:	24 July 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:	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. Resident's 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 24 July 2026, from 9.30 am to 5.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 26 January 2026; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been carried forward for review at the next medicines management 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 said that the staff were "Very good." Comments included, "The staff are very caring, they would do anything for you," "The staff are not bad, they look after me well," and "The staff are very pleasant."

Staff said there was good teamwork within the home. However, some staff expressed concerns about domestic staffing levels and the use of agency staff in the home. Specific feedback was discussed in detail with the manager throughout the inspection and during feedback. The manager confirmed that he was aware of these concerns and explained it was due to both planned and unplanned leave.

Visitors to the home commented, "This is a great place, my relative is very well cared for."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to manage staffing.

Discussion with staff on duty confirmed that before commencing work in the home inductions are carried out. However, a review of records evidenced that inductions for permanent staff were not fully completed or robust and, in some cases, were signed off in one day. Gaps in signatures and dates were noted throughout the induction paperwork. An area for improvement was identified.

As discussed in section 3.2 staff raised concerns about the domestic staffing levels in the home and the use of agency staff. Examination of the duty rota and discussions with staff confirmed that the home relied on agency staff to cover vacant posts in the home. Discussion with the management team confirmed that this was due to both planned and unplanned leave and that they were closely monitoring the staffing situation. Given these assurances an area for improvement was not identified at this time and this will be reviewed at the next inspection.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role.

Observation of the delivery of care on the day of the inspection evidenced that residents' needs were met by the number and skills of the staff on duty.

A review of the home's duty rota evidenced that full names of staff were not being consistently recorded, in addition to this the kitchen staff off duty was being recorded on a calendar with no specific times being recorded. An area for improvement was identified.

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

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of care records and discussion with the staff and manager confirmed that the risk of falling was managed, and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. However, gaps were identified in the post falls documentation, for example; staff signatures and residents names were missing from some of the documents reviewed. An area for improvement was identified.

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.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious. However, staff working in the kitchen appeared to be unaware of residents who needed their diets modified. The importance of staff knowledge with regards to residents assessed dietary needs was discussed with the management team and an area for improvement was identified.

At present the home does not have a permanent activity coordinator and this role is shared by staff within the home. Discussion with the manager confirmed that this post has been advertised.

A review of the activity file evidenced gaps in activities being offered by in the home. In addition to this some activity records had not been updated since April 2026. An area for improvement was identified.

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.

Review of a sample of resident care plans identified that some plans had not been regularly reviewed to ensure they reflected the residents' current care needs. Details were discussed with the manager and an area for improvement was identified.

Residents care records were held confidentially.

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 suitably furnished, warm and comfortable. Homely touches such as books, jigsaws and games were available for residents.

Review of the home's environment identified that some areas needed further attention, for example, walls in some bedrooms and the upstairs seating area were in need of repainting and paint was peeling from the pipework in one of the communal bathrooms. An area for improvement was identified.

Carpets throughout the home were stained and in need of a deeper clean or replacing. An area for improvement was identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Staff were observed to wash their hands correctly and using PPE appropriately throughout the day.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection.

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

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Each home was visited monthly 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. Action plans from these visits were being carried forward on a regular basis with no evidence of identified actions being completed. For example, areas for improvement in relation to care plans had been identified during the monthly monitoring visits, however these actions were identified as incomplete and carried forward from month to month. 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	4*	10*

* the total number of areas for improvement includes five which are carried forward for review at the medicine's management 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 30 October 2025	The registered person shall ensure the date of opening is recorded on all medicines to facilitate audit and disposal at expiry. Ref: 2.0
	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 Ref: Regulation 13 (4) Stated: First time To be completed by: 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. Ref: 2.0
	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 Ref: Regulation 13 (4) Stated: First time To be completed by: 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. Ref: 2.0
	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 Ref: Regulation 29 Stated: First time To be completed by: 31 July 2026	The Registered Person shall ensure that the action plans from the Regulation 29 visits are addressed in a timely manner. Ref: 3.3.5
	Response by registered person detailing the actions taken: There is a monthly monitoring visit protocol in place to ensure all identified actions are completed in a timely manner. The regional manager will ensure that the protocol is followed and address any unnecessary delay in completion of actions formally. A service

	action plan is also in place to ensure the combining of all actions including MMV action plan - this is a live document and should be worked too throughout the month.
Action required to ensure compliance with the Care Standards for Residential Homes, December 2022	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 30 October 2025	The registered person shall ensure that care plans are in place for the management of distressed reactions. 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 Ref: Standard 30 Stated: First time To be completed by: 30 October 2025	The registered person shall ensure that hand-written updates on the medication administration records are verified and signed by two staff. 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 Ref: Standard 23.1 Stated: First time To be completed by: 31 July 2026	The registered person shall ensure that all staff receive a structured, robust induction. Records must be signed and maintained to evidence managerial review and oversight. Ref: 3.3.1
	Response by registered person detailing the actions taken: Following the RQIA Inspection, the acting registered manager met with the senior staff team, and discussed the findings of the RQIA inspection. The senior staff team, have been reminded that induction records should be commenced on the first day of employment, signed and dated by the inductor and inductee. The acting registered manager will continue to review all induction records to ensure these are completed and robust. The regional manager also reviews induction records during the monthly monitoring visits to add an additional auditing oversight to ensure compliance.
Area for improvement 4 Ref: Standard 25.6 Stated: First time To be completed by:	The registered person shall ensure that a record is kept of staff working over a 24-hour period and the capacity in which they worked. The full names of staff must be recorded on the duty rota. Ref: 3.3.1

31 July 2026	Response by registered person detailing the actions taken: The acting registered manager checks the service rota daily to ensure the rota is maintained accurately. The service administrator and the senior staff team have been reminded when making changes to the service rota, that full names, role and supplying agency are recorded.
Area for improvement 5 Ref: Standard 8 Stated: First time To be completed by: 24 July 2026	The registered person shall ensure that post falls observation records are accurate, signed and dated. Ref: 3.3.2
	Response by registered person detailing the actions taken: The acting registered manager has held a supervision with all senior staff on the accurate recording of post fall observation records, to ensure all records are completed. The acting manager reviews all post falls records as and when they occur, to ensure these are completed accurately and no identified gaps. The regional manager also reviews all incidents and accidents during the monthly monitoring visit providing an additional auditing overview for accuracy.
Area for improvement 6 Ref: Standard 12.10 Stated: First time To be completed by: 24 July 2026	The registered person shall ensure that all staff are knowledgeable concerning residents' eating and drinking assessed needs. Ref: 3.3.2
	Response by registered person detailing the actions taken: The compliance manager devised a new dietary needs record, to be completed for all residents with an identified dietary need. This has been completed within the service and is located within the dietary needs folders as well as on display in the kitchen beside the serving hatch, to ensure all staff are aware and have knowledge on each resident's needs. All staff have been requested to read and sign the updated information. This is audited by the acting registered manager, monthly or sooner if a change has occurred.
Area for improvement 7 Ref: Standard 13 Stated: First time To be completed by: 31 July 2026	The registered person shall ensure that the home offers a structured programme of activities and events. A record should be kept of all activities that take place, including the person leading the activity and the names of the residents who participate. Ref: 3.3.2
	Response by registered person detailing the actions taken: The acting registered manager has held a full team staff meeting to discuss the importance of recording all activities that occur within the service.

	Activity records are reviewed weekly by the acting registered manager to ensure completion.
Area for improvement 8 Ref: Standard 6 Stated: First time To be completed by: 31 July 2026	The Registered Person shall ensure that individual care plans are kept under regular review for residents.
	Response by registered person detailing the actions taken: The acting registered manager has held a supervision with the senior staff team regarding care planning and the importance of ensuring that residents care plans are reviewed monthly or when a change occurs. The acting registered manager audits ten percent of the residents care plans a month, to ensure care plans are being reviewed. The regional manager also audits two care files during the monthly monitoring visit for compliance.
Area for improvement 9 Ref: Standard 27 Stated: First time To be completed by: 31 October 2026	The registered person shall ensure that the premises are well maintained and remain suitable for their stated purpose. Ref: 3.3.4
	Response by registered person detailing the actions taken: The estates manager and the acting registered manager have completed a walk around of the service and subsequently have developed a refurbishment plan for all areas within the service. This refurbishment plan has been devised according to need and time frames for completion. The refurbishment plan is reviewed by the estates manager for progress as well as being reviewed by the regional manager during the monthly monitoring visit.
Area for improvement 10 Ref: Standard 27 Stated: First time To be completed by: 31 October 2026	The registered person shall ensure the carpets throughout the home are appropriately cleaned or replaced as needed. Ref: 3.3.4
	Response by registered person detailing the actions taken: The estates manager and the acting registered manager have completed a walk around of the service and subsequently have developed a refurbishment plan for all identified floorings that are required to be changed or cleaned within the service. The refurbishment plan has been devised according to need and time frames for completion. The refurbishment plan is reviewed by the estates manager for progress as well as being reviewed by the regional manager during the monthly monitoring visit.

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