

Inspection Report

Name of Service: Aaron House

Provider: Presbyterian Council of Social Witness

Date of Inspection: 19 August 2025

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 Individual/Responsible Person:	Mr Dermot Parsons
Registered Manager:	Mrs Pauline Allen
Service Profile:	
Aaron House is a day care setting that provides care and day time activities for people living with a learning disability, some of whom may also have complex physical and medical needs. The day care setting is open Monday to Friday and can facilitate up to eight individuals.	

2.0 Inspection summary

An unannounced inspection was conducted on 19 August 2025 between 9.35 a.m. and 4.50 p.m. by a care Inspector.

The inspection was undertaken to evidence how the day care setting 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 21 June 2024. The inspection sought to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. Improvements were required, however, to ensure the effectiveness and oversight of certain aspects of the agency, such as service user agreements, training compliance, staff appraisal, infection control and maintenance of the premises.

Service users said that the care and support provided by Aaron House was a good experience. Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection, one area for improvement previously identified was assessed as having been addressed by the provider. One other area for improvement previously identified has been stated for the second time. 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 day care setting 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 day care setting. This included the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those attending, working in, and visiting the day care setting, and examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Service user feedback in relation to staff in the day care setting was positive. We were told by service users that they felt that staff "listen" to them and offered support as necessary. Service users described staff within the day care setting as "compassionate", "very helpful" and "so very caring".

Those service users unable to provide verbal feedback looked comfortable in their interactions with staff. One was observed to smile towards the staff member communicating with them and lean their head towards them.

The service users showed off art completed recently and explained about the programme currently engaged in which saw them explore other countries and cultures, the most recent of which being Japan, with service users adding petals upon cherry blossom trees. In the afternoon the service users appeared excited in preparing food items.

One service user summarised their experience of Aaron House by saying, "I love going to day centre because I have friends there and the staff are very friendly and help me with my work".

Staff spoke positively about Mrs Pauline Allen, describing her as knowledgeable regarding the needs of service users. They told us that she was always prepared to help out in whatever way is needed.

Despite having experienced a significant period of being short staffed, those consulted advised it was good that the service was able to utilise consistent agency staff. They told us how this ensured continuity in care was maintained as the agency staff were fully aware as to how best to support the service users. Staff also told us that they were aware of the recruitment processes under way in an effort to fill current vacancies.

The staff consulted stated that there was good communication within the day care setting. They stated they were aware as to expectations upon each staff member each day. In discussions, they conveyed awareness as to how to respond to accidents, incidents and safeguarding concerns.

The staff were observed seeking consent prior to assisting service users with repositioning in their wheelchairs or with eating. One employee also spoke about inventive solutions devised by the team to ensure all service users, regardless as to complexity of need, could actively engage and participate in activities.

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 service users. There was evidence of robust systems in place to manage staffing.

The staff duty rota was clear and easy to follow denoting employees' designation and hours of work scheduled. The rota was prepared in advance allowing time to acquire cover when needed.

Staff said they felt well supported in their role. It was noted that there was enough staff in the day care setting to respond to the needs of the service users in a timely way, and to provide service users with a choice on how they wished to spend their day.

Observation of the delivery of care, review of documents and discussions with service users and the person in charge evidenced that the needs of attendees were known and staff sought to ensure these were met. Staffs' practice and ability to enabling service user engagement was discussed with the person in charge.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. There was evidence that staff had completed a structured orientation and induction to ensure they were competent to carry out the duties of their job.

A review of the training records retained by the service identified that mandatory training for some staff had expired. This included moving and handling, fire safety, diet and nutrition, and first aid. No plans had been made for this training to be provided. Given the complex needs of the service users compliance with mandatory training is considered to be of the utmost importance. This was identified as an area for improvement

There was evidence that staff received regular supervision. Procedures were in place for appraising staff performance, however, records reviewed demonstrated that one staff did not receive an annual appraisal with their line manager to review their performance against their job description. This therefore meant no personal development plan was in place. Due to this, an area for improvement was identified.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift which included information about any changes to the service users care that the staff needed to assist them in their roles. Regular staff meetings were held and minutes retained so that any staff unable to attend could read.

Staff were knowledgeable of individual service users' needs, their daily routines, wishes and preferences.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. On a day to day basis there was good communication to advise service users as to what was planned.

Service users' needs were met through a range of group activities such as art, baking and cooking, crafts, gardening, bible stories and discussions, movement and dance as well as music based activities.

Staff interactions with service users were friendly and supportive. Staff were observed to be prompt in recognising service users' personal care needs. It was positive to observe that service users appeared comfortable in their environment and in their interactions with peers and staff alike.

Examination of care records and discussion with the person in charge confirmed that mobility risks were clearly identified. Where individuals had specific mobility needs that required use of specialised aids and/or equipment, details of manual handling assessment were evident in service user plans.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. Service users may need a range of support with meals; this may include simple encouragement through to full assistance from staff and modified diets. Service users were provided with meals that aligned with individuals' identified nutritional needs. This included those on specific diets and/or with speech and language therapy recommendations in place.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the day care setting and before care delivery commenced. Following this initial assessment, care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

There was no evidence of service agreements in place between service users and the day care setting. This was identified as an area for improvement.

Review of records identified that service user consent was sought in relation to the staff contacting/requesting information from other healthcare professionals on their behalf. Service users were given the choice as to whether or not they wanted their photograph taken and used in any organisational promotional material or social media.

Service users care records were held confidentially in line with data protection regulations.

Care records were person-centred, well maintained, and regularly reviewed and updated to ensure they continued to meet the service users' needs. Details required in relation to one service user's percutaneous endoscopic gastrostomy (PEG) feeding was not available. When highlighted to the person in charge, this was immediately remedied.

A review of a sample of care records evidenced that service users, where possible, or alternatively their representatives, were involved in planning care and efforts had been made to ascertain service users' preferences and choices around how their support was provided.

3.3.4 Quality and Management of the Environment

Some issues were identified in relation to the day care setting's environment, in particular to aspects of cleanliness, clutter and to furnishings.

The last inspection had identified that a table with rust should be replaced. This table was present during this inspection; the area for improvement is therefore stated for a second time.

On this occasion, a fabric chair was noted to be covered in cat hairs. Manual handling equipment used by the day care setting had been recently serviced, however, several pieces of equipment were observed to have dirt and rust visible. Although there was a cleaning schedule in place, there appeared to be no monitoring of this to ensure tasks had been completed to an acceptable standard.

The laundry basket was of wicker construction making it difficult to effectively clean. Clutter was evident with items present on kitchen worktops, on cabinets and on top of the fridge, amongst which was the services' first aid box and defibrillator. It was highlighted to the person in charge that the first aid box and defibrillator should be stored in a suitable, easily accessible place for use in emergency situations.

Observation of staff practice identified that some staff did not adhere to robust respiratory hygiene and infection prevention and control measures. For example, a staff member used a fabric cloth to assist when a service user was coughing, and subsequently placed this cloth onto a worktop in the kitchen area. This was raised immediately with the person in charge and advice given that single use, disposal tissues should be utilised, appropriately disposed of and that staff should ensure that correct hand hygiene practices are used.

Due to range of issues found, an area for improvement has been identified where action is required to ensure compliance with the Regulations.

A fire risk assessment had been completed on 1 July 2024, with a further fire risk assessment being conducted on the day of inspection. The person in charge reported that one action had remained outstanding; this related to the replacement of fire doors, and there had been regular and frequent communication with the housing association responsible for completion of works. This matter is to be kept under review by the day care setting until resolution is achieved. There was evidence that fire safety checks had been completed as required and a recent fire evacuation drill had been completed. Throughout the inspection, fire doors were observed to be unobstructed.

3.3.5 Quality of Management Systems

Mrs Pauline Allen has been the manager in this day care setting since 21 June 2024.

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

The day care setting was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the day care setting. The reports of these visits were completed in detail.

There was a process in place to manage any complaints.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Francis Mooney, Person in Charge, 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 Day Care Setting Regulations (Northern Ireland) 2007

Area for improvement 1

Ref: Regulation 13(7)

Stated: First time

To be completed by:
Immediate from the date of inspection

The registered person shall make suitable arrangements to ensure adequate infection control measures and practices are deployed within the day care setting.

This is in particular reference to;

- monitoring and assuring the quality and standard of cleaning;
- use of furniture and equipment which is non-absorbent, fluid-resistant and easy to clean;
- compliance with best practice in relation to respiratory and hand hygiene;
- ensuring care equipment is maintained in line with legislation as well as relevant manufacturers' and suppliers' guidance.

Ref: 3.3.4

Response by registered person detailing the actions taken:

Aaron House Residential Home have employed more domestic staff, which also work in the day care service, enabling consistent and regular cleaning of the day care service. The Interim Manager will ensure adequate cleaning occurs and ensure adequate documentation of this is completed through regular auditing.

Staff have been given guidance on maintaining appropriate social distancing of service users when coughing during cookery sessions and the use of disposable aprons instead of tea towels during feeding. The wicker straw basket, used as a laundry bin has been replaced by a wipeable plastic alternative and disposable aprons have been purchased.

An order has been made to replace furniture and shower bed - to be delivered by 24/10/25. Maintenance records will be held in the Aaron House office in their maintenance file.

Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 21.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The Registered Person shall ensure that appropriate planning occurs to enable timely mandatory training of all staff.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: A training needs analysis has been completed, review to take place on 22nd October 2025.</p> <p>A monthly audit of training compliance will also be introduced to enable the Interim Manager/Manager to keep a track of any outstanding training sessions for all staff. Training compliance will also be monitored through Reg 29 visits by Senior Management.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 22.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The Registered Person shall ensure all staff receive an annual appraisal.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The outstanding appraisal will take place on 23rd October 2025.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The Registered Person shall ensure that a written service agreement is provided to all individuals attending the day care setting and a signed copy is retained.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Service Agreements are currently being reviewed and a service user friendly version is also being created. The updated copies of these agreements will be stored in each Service User's care file for inspection. All Agreements will be issued and signed by 30/11/25</p>

<p>Area for improvement 4</p> <p>Ref: Standard 25</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that the building is decorated to a standard acceptable for the service users. In addition, a table used within the day care setting observed to be rusted should be replaced.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: Furniture order has been placed, to be delivered by 24/10/25. Quotes for the replacement flooring are underway, once agreed and fire doors replaced, works will commence to replace the flooring.</p>

****Please ensure this QIP is completed in full and uploaded via Web Portal****



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