The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Aaron House

Provider: Presbyterian Council of Social Witness

Date of Inspection: 19 January 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Presbyterian Council of Social Witness (PCSW)
Responsible Individual/Responsible Person:	Mrs. Caroline Yeomans (Acting)
Registered Manager:	Mrs Pauline Allen (Acting)
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 nine service users per session; there are two sessions per day.	

2.0 Inspection summary

An unannounced inspection took place on 19 January 2026, between 10.45 am and 5.40 pm by two care Inspectors.

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

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

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

Areas for improvement identified at the last care inspection on 19 August 2025 were also reviewed as part of this inspection.

Enforcement action resulted from the findings of this inspection. A number of breaches of regulations and standards were identified. This gave rise to serious concerns regarding: governance arrangements and managerial oversight, staff management, the management of infection, prevention and control (IPC), the nutritional care of service users, the internal environment, and service users' care plans.

As a result of this inspection 10 new areas for improvement were identified. Details of these can be found in the main body of the report and in the Quality Improvement Plan.

Two previous areas for improvement were not met and have been restated. One previous area for improvement has been carried forward to be assessed at a future inspection. Two previous areas for improved were assessed as being met.

A Serious Concerns meeting was held on 5 February 2026 with the acting Responsible Individual and their representatives to discuss these shortfalls.

During the meeting the acting Responsible Individual provided a full account of the actions taken/to be taken in order to drive improvement and ensure that the concerns raised at the inspection were addressed.

Following the meeting, RQIA has given the acting Responsible Individual and the Acting Manager a period of time to demonstrate that the improvements have been made in a sustained manner and advised that a further inspection may be undertaken to ensure that the concerns have been effectively addressed.

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 establishment 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 Aaron House. This included the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users', their representatives, staff and the commissioning Trust.

Throughout the inspection process, inspectors seek the views of those receiving the service, their representatives and those working in the agency and examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Information was provided to service users, their representatives, staff and other stakeholders on how they could provide feedback on the quality of the service. This included telephone calls, questionnaires and an electronic survey.

3.2 What people told us about the service

Service user feedback in relation to staff in the day care setting was positive and we were told by service users that they were "happy" attending the day care setting. Those service users unable to provide verbal feedback looked at ease in their interactions with staff.

Service users' representative feedback was positive with one representative describing the staff as "very, very good". Another told us "the new staff are excellent".

One service user's representative told us, "I am very happy but more importantly my daughter is very happy and that is what matters … it is an excellent place".

Feedback received from service users' representatives relating to communication varied. Service users' representatives spoke fondly of the Acting Manager however, expressed concerns regarding what they perceived to be a lack of "support, training and input" provided to the Acting Manager upon appointment.

Staff spoke positively about the Acting Manager describing her as knowledgeable regarding the needs of service users. Staff advised us that the Acting Manager was always readily available to assist, guide or practically support them day to day.

Staff spoken with on the day of inspection, including agency staff, demonstrated knowledge of service users' needs and presenting risks and appropriately advised how they would respond in the event of an incident, accident or safeguarding concern arising. Staff told us that there was effective teamwork and efficient systems in place that promoted communication amongst the team. One staff member told us that they "love" working in Aaron House.

3.3 Inspection findings

3.3.1 Governance and management arrangements

RQIA were informed by Dermot Parson, 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 agency since the last inspection. Mrs Pauline Allen has been the Acting Manager for Aaron House since 8 November 2023 and is supported by a regional manager.

Discussion with the Acting Manager confirmed that they had not received an induction upon commencement in post nor had they been in receipt of regular supervision or appraisal to support them in their role. An area for improvement was stated for a second time. Staff supervision and appraisal are discussed further in section 3.3.4.

Service users' feedback about the Acting Manager was positive. Observation of body language of service users with limited verbal communication indicated that they appeared comfortable and relaxed when engaging with the Acting Manager.

Staff described the Acting Manager as receptive and approachable. Staff told us that they felt confident in the knowledge of the Acting Manager and their ability to provide guidance.

The Acting Manager told us that following the recent appointment of the Regional Manager they felt more supported within their role by the senior management team, however stated that this had not always been the case.

A review of monthly monitoring reports did not provide assurance that care delivery and service provision was being consistently and robustly quality assured.

Analysis of the October 2025 report evidenced that several actions had not been addressed in a timely manner and/or remained outstanding despite being identified on multiple occasions

RQIA was not assured that robust monthly monitoring arrangements were in place so as to enable the manager to quality assure care delivery, identify deficits, and proactively drive service improvements. An area for improvement was identified.

3.3.2 Management of Concerns

There were processes in place relating to the management of complaints. The complaints log was found to be up-to-date and contained information about outcomes. Staff advised that all "complaints are shared with the manager". Staff expressed confidence that the Acting Manager would appropriately respond to complaints.

Service users' representative feedback received included concerns relating to the organisation's complaints processes. Concerns related to the robustness of the complaints process, a lack of accessible information about how to make a complaint and limited awareness of external bodies that could provide independent advice or support; this feedback was subsequently shared with the acting Manager for consideration and action as needed.

Staff who spoke with the Inspectors had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistle blowing. There was evidence of access to the current policies and procedures.

Review of governance records and discussion with the acting Manager highlighted that two separate trackers were being used to record accidents and incidents, which had occurred within the service. Analysis of these trackers evidenced that they contained gaps in essential information and/or had contradictory information when compared within one another. This duplication, combined with inconsistent data, did not assure the Inspectors that the acting Manager had effective oversight of accidents / incidents in order to identify emerging trends or patterns; reduce risks; and drive necessary improvements. An area for improvement was identified.

3.3.3 The lived experience of Service Users

Observation of the premises identified physical and chemical safety hazards such as wet and uneven flooring, frayed electrical wiring on care equipment, debris laying on floors and Control of Substances Hazardous to Health (COSHH) items not being appropriately stored. An area for improvement was identified.

Environmental deficits were also observed in regard to the management of infection, prevention and control. Discussion with staff highlighted that inadequate arrangements were in place in relation to the regular cleaning of care equipment such as shower chairs.

Inspectors also observed that staff were moving freely between Aaron House (RQIA ID: 10054) and Aaron House (RQIA ID: 11950), both of which operate as separate registered services on the same site, without changing their uniforms. This practice does not align with safe infection prevention and control measures, as it creates a risk of cross-contamination between the two settings.

Discussion with the acting Manager did not assure the Inspectors that robust arrangements were in place in order to minimise the spread of infection and protect service users / residents in both settings. As a result of these findings a previous area for improvement has been stated for a second time. Discussions between RQIA and the acting Responsible Individual regarding the current use of bathroom facilities by day care setting service users within Aaron House (RQIA ID: 10054) remain ongoing.

Positive, person-centred interactions were observed between service users and staff. Staff demonstrated a good understanding of service users' individual communication methods, accurately interpreting non-verbal cues and gestures. This enabled meaningful engagement and ensured the service users' needs and preferences were effectively understood and responded to.

Staff demonstrated positive person-centred practice by facilitating inclusive activities that supported the engagement of all service users. Activities observed included dramatic story telling and arts and crafts that were adapted to ensure inclusion and participation. This included the use of sensory approaches and appropriate positioning or support to enable service users to engage at a level meaningful to them. Interactions were respectful, unhurried and responsive, supporting service users' dignity and choice.

Service users' representative feedback relating to activities was that there had been considerable improvement.

The nutritional care of service users was also considered. Discussion with staff who were responsible for the preparation of service users' meals highlighted that they lacked the most up to date Speech and Language Therapy (SALT) assessments for these service users thereby increasing the risk of choking for those service users requiring a modified diet. Furthermore, a resource providing direction to staff in regard to assessed International Dysphagia Diet Standardisation Initiative (IDDSI) levels for service users failed to contain all relevant information and contained incorrect directions for one identified service user. This was immediately highlighted to the acting Manager who was asked to rectify the issue during the inspection. 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 service users.

Review of governance records received after the inspection, highlighted concerns in relation to the safe and effective selection and recruitment of staff. Specifically, it was noted that the day care setting's selection and recruitment processes did not enable the acting Manager to consistently obtain and review a full and complete employment history of all prospective staff. This limits the acting Manager's ability to assure themselves that staff are suitable for the role they have applied for, and that any unexplained gaps of employment may be identified and explored; this deficit has the potential to place service users at risk of harm. An area for improvement has been identified in relation to the recruitment of staff.

It was noted that the acting Manager had received no induction at the commencement of their role; the induction of staff is essential to ensure they understand the service, its operational requirements, and the regulatory responsibilities associated with their role.

In addition, a review of further induction records evidenced that inductions for staff were not fully completed and/or robust. An area for improvement was identified.

Review of governance records further highlighted inadequate arrangements with regard to the formal supervision of staff; it was evidenced that only three supervision sessions had been provided to one identified staff member since 2020. Feedback from the acting Manager also highlighted that the service's recently revised supervision policy now requires staff to receive formal supervision twice a year; this is inconsistent with the requirements of Day Care Settings Minimum Standards 2021 (Version 1.1: August 2021) that stipulate supervision sessions occur no less than every three months

In addition, deficits were noted in regard to ensuring staff receive an annual appraisal in keeping with best practice. .An area for improvement was identified.

Review of training records identified that the majority of training elements had been provided to staff. Staff described the training provided to them as "effective" and "meaningful". However, it was identified that the acting Manager did not have access to training records for all staff who may work within the setting. An area for improvement was identified.

3.3.5 Adult safeguarding

It was established that systems and processes were in place to safeguard service users and ensure that they feel safe within the day care setting. 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 organisational safeguarding policy. Staff were able to identify the safeguarding champion within the organisation. Discussion with staff evidenced that they were aware of changes to the safeguarding champion in the organisation and signage was evident within the day care setting to reflect this.

There were records in place to evidence that any safeguarding concerns recorded had been appropriately reported. The Regional Manager advised that safeguarding procedures were being reviewed internally to permit service managers greater access which will allow them to be fully advised as to progression of any safeguarding referrals made. This will be reviewed at a future inspection.

3.3.6 Quality of Care records

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. Staff discussed the effectiveness of the handover in communicating changes in presenting need and/or risk and advised that this would prompt them to review service user plans.

Service user care records were stored securely and accessible to authorised personnel in accordance with data protection regulations.

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment, care plans were developed to direct staff on how to meet service users' needs.

A previous area for improvement relating to provision of service user agreements has been carried forward for review at a future inspection; service users; representative feedback concerning the accuracy of these agreements was shared with the Regional Manager.

The day care settings restrictive practice log was reviewed. It was felt that details included required expanding upon to ensure the full and robust information was readily available. This will be reviewed at a future inspection.

It was noted that the service's admission procedure had not been adhered to for two service users currently attending the day care setting; an area for improvement was made. In addition, discussion with staff highlighted that there were no care plans in place for these two identified service users. No satisfactory explanation was provided to Inspectors as to why this had occurred. An area for improvement was made.

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	7*	6*

* the total number of areas for improvement includes two that have been stated for a second time and one that has been carried forward.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Pauline Allen, acting Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 13(7) **Stated:** Second time **To be completed by:** 19 March 2026	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: 3.3.3
	Response by registered person detailing the actions taken: Separate daily cleaning schedule implemented for day care which is signed by housekeeping when completed and record kept in Day Care. An IPC Standard Operating Procedure has been developed and implemented into Day Care. The purpose of this is to reduce the risks of transmission of infection between Day Care and Aaron Residential by ensuring robust IPC arrangements are in place for: staff movement between services, use of shared and adjoining facilities, cleaning and decontamination as well as oversight, communication, and learning from IPC incidents. Daily oversight of this is managed by the Day Care Manager and Aaron House Residential Manager and would be discussed in their joint weekly meetings. This is reviewed and audited as part of the monthly Reg 17 audits. Identified faulty bath within Aaron House was addressed with Choice Housing who advised it was the responsibility of Aaron House to maintain the bath which is in process. The pooling water on the floor which was also identified is pending repair with Choice. The identified shower chair was sanitised during an organised deep clean and the Aaron House client has been assessed for a new bariatric chair which is pending Trust delivery.
Area for improvement 2 **Ref:** Regulation 17(1)(b) **Stated:** First time	The Registered Person shall ensure that actions contained within the quality monitoring reports are meaningfully reviewed and timely resolution sought. Where actions are consistently repeated there must be evidence that these have been escalated internally for consideration.

To be completed by: 19 April 2026	Ref: 3.3.1
	Response by registered person detailing the actions taken: A full review of the monthly monitoring process has been completed, including new documentation and schedule. This was implemented in January 2026. The new MMV protocols and the importance of timely completion has been addressed at Senior Leadership team level and all Regional Managers are aware of their role in carrying out monthly unannounced inspections of regulated services. Service Managers are aware that if there are outstanding reasons as to why actions highlighted in the MMV are not completed by the following month then the rationale behind this should be documented and escalated where necessary.
Area for improvement 3 **Ref:** Regulation 19(2) Schedule 5 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that all relevant staff have access to the most up-to-date service user speech and language therapy assessments to ensure practice aligns with all prescribed recommendations. Ref: 3.3.3
	Response by registered person detailing the actions taken: Full review completed for those service users in day care with SALT plan in place. This was done in collaboration with the Registered Manager in Day Care, Registered Manager in Aaron House Residential and Mount Charles cook responsible for food preparation. This is in place and is a standing agenda item on the Joint Managers Meeting between Aaron House Residential and Day Care. Any changes will be immediately raised with the cook (Mount Charles) and counter signed accordingly.
Area for improvement 4 **Ref:** Regulation 21(1)(a)(b)(c) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure recruitment and selection processes comply with Regulations and records are obtained in line with Schedule 2 for all applicants. Ref: 3.3.4
	Response by registered person detailing the actions taken: Recruitment & Selection processes are centralised within the HR Department in Assembly Buildings, with the Registered Manager being involved in the recruitment process through using our online recruitment platform. The Registered Manager is involved in the shortlisting and interviewing of candidates. Prior to commencement of employment, the HR department will send the Registered Manager a pre-populated recruitment checklist including due diligence pre-employment checks for the Registered Manager to review and approve before a start date is generated. The Recruitment Checklist would then remain in the service within the Employee File in the event of future review.

Area for improvement 5 **Ref:** Regulation 20(1)(c)(i) **Stated:** First time **To be completed by:** 19 March 2026	The Registered Person shall ensure that all persons employed to work in the day care setting have received appropriate induction to best enable them to perform all duties and responsibilities associated with their role. Records must be maintained to evidence full completion and managerial oversight of the induction process. Ref: 3.3.4
	Response by registered person detailing the actions taken: As per organisational decision, a reviewed Induction Process will be developed within CSW to ensure meaningful inductions. A cross-departmental Working Group has commenced as of 11th March, comprising of Regional Managers, Service Managers, HR representatives and led by our Compliance Manager to scope and develop a new meaningful induction template for all care services. Once these inductions are completed by deadline for 31st May 2026 CSW staff will also be meaningfully reinducted.
Area for improvement 6 **Ref:** Regulation 15 (a)(b)(c)(d)(e) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that staff adhere to the setting's admission policy and procedure at all times. Ref: 3.3.6
	Response by registered person detailing the actions taken: Clients using the Day Care service have been assessed and followed the Admission Policy & Procedure and Trust keyworker advised.
Area for improvement 7 **Ref:** Regulation 16(1)(2)(a)(b)(c)(d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that each service user has personalised plans in place that contain all necessary information to permit staff to adequately and safely respond to identified needs and presenting risks. Ref: 3.3.6
	Response by registered person detailing the actions taken: Each service user has a care plan in place detailing the necessary information to permit staff to adequately and safely respond to identified need and presenting risks.

Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 **Ref:** Standard 3.1 **Stated:** First time **To be completed by:** 19 April 2026	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. Ref: 3.3.6
	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 21.3 **Stated:** Second time **To be completed by:** 19 April 2026	The Registered Person shall ensure that all staff receive an annual appraisal. Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff will receive an annual appraisal in line with their starting date with the service. All appraisals are recorded on the Staff Quality & Governance Matrix and include those dates pre-populated for the remainder of the year to ensure protected time for the staff member. This is audited by the Regional Manager as part of the quality monitoring visits under Reg 17.
Area for improvement 3 **Ref:** Standard 19.4 **Stated:** First time **To be completed by:** 19 February 2026	The Registered Person shall ensure that the information held on record in respects to all incidents and accidents is accurate and robust promoting identification of any trends or patterns. Ref: 3.3.2
	Response by registered person detailing the actions taken: There is one incident log within Day Care which is used to record and track incidents within the service as well as ensuring effective administration of accidents/incidents. This is used to identify any emerging trends or patterns as well as reducing risk of driving any necessary improvements. The Service Manager has responsibility and oversight for the accurate completion of this. This is also reviewed as part of the monthly Reg 17 audits.
Area for improvement 4 **Ref:** Standard 27.3 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure promotion and compliance with safe and healthy working practices. This specifically relates to management of COSHH. Ref: 3.3.3
	Response by registered person detailing the actions taken: The COSHH item which was left out during inspection process was removed and disposed of. Staff remedial training was completed on the emphasis of COSHH adherance given the nature of the day care setting. Day Care Manager completes

	walk around daily to ensure the service is COSHH compliant and safe for all users of the Day Care setting environment.
Area for improvement 5 **Ref:** Standard 22.2 **Stated:** First time **To be completed by:** 31 March 2026	The Registered Person shall ensure all staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months. Ref: 3.3.4
	Response by registered person detailing the actions taken: CSW Policy has now been reviewed and updated to align all care staff to receive quarterly supervisions, this is in line with Day Care Minimum Standards. Managers will continue to receive monthly supervision. To ensure compliance, all supervisions are recorded on the Staff Quality & Governance Matrix include pre-populated dates for the remainder of the year to ensure protected time for the staff member. This is audited by the Regional Manager as part of the monthly quality monitoring visits.
Area for improvement 6 **Ref:** Standard 21.3 & 21.8 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that all staff working within the day care setting have completed mandatory training with records available to the Manager to assure ongoing compliance. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Service Manager has Manager access to the Evolve online training platform and would review Mandatory Training on a monthly basis to ensure compliance. This would then be audited by the Regional Manager as part of the monthly quality monitoring visits.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111
Email: info@rqia.org.uk
Web: www.rqia.org.uk
Twitter: @RQIANews