

# Inspection Report

12 August 2021



## Towerview Resource Centre

Type of service: Day Care  
Address: 60 Bristol Park, Newtownards, BT23 4RJ  
Telephone number: 028 1817 080

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Southern HSC Trust	<b>Registered Manager:</b> Mr Darren Bradshaw
<b>Responsible Individual:</b> Mr Seamus Mc Goran	<b>Date registered:</b> 05 March 2009
<b>Person in charge at the time of inspection:</b> Mr Darren Bradshaw	
<b>Brief description of the accommodation/how the service operates:</b> This is a Day Care Setting with 50 places, registered for the provision of care and day time activity programmes to people who have one or more of a range of health conditions, disabilities or impairments which necessitate this support.	

## 2.0 Inspection summary

An unannounced inspection was undertaken by the care inspector on 12 August 2021 between 09.10 am and 11.30 am.

This inspection focused the Northern Ireland Social Care Council (NISCC) registrations, Adult Safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring, Covid-19 practice and guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to the system in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users and staff to find out their views on the service
- reviewing a range of relevant documents and policies and procedures relating to the day care setting's governance and management arrangements.

#### **4.0 What people told us about the service**

We spoke to staff including the manager. We provided a number of questionnaires to service users and/or relatives to facilitate them to provide comments on the quality of service provision. Staff were also provided with an electronic survey. We observed a variety of activities and good communication between staff and service users.

The returned questionnaires showed good satisfaction levels. We noted some of the comments received:

- "Cannot recommend this enough."
- "I thoroughly enjoy the centre."
- "The service is important to me because it's the only time I'm out of the house."
- "The staff at Towerview are a caring group. I feel \*\*\*\*\* is in safe hands when there."

No staff comments were received from the electronic survey prior to the issue of this report.

Comments received during the inspection process:

##### **Service user comments:**

- "It's good to be back."
- "A good variety of activities."
- "I feel safe with PPE."
- "Staff are good."
- "I enjoy the centre."

##### **Staff comments:**

- "A good manager, very supportive."
- "I feel safe and secure with PPE and Covid guidance."
- "Good effective communication."
- "My induction was comprehensive and I was supported well by all staff."
- "One to One supervision is good in a confidential setting."
- "The manager has an open door policy for everyone."
- "All my training has been completed."
- "We offer good choices of activities to all service users."

#### **5.0 The inspection**

##### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Towerview Resource Centre was undertaken on 14 November 2019 by a care inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Are there systems in place for identifying and addressing risks?**

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns.

It was noted that staff were required to complete adult safeguarding training during their induction programme and annual updates thereafter. All training records reviewed were in place.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The setting had a system for recording referrals made to the SEHSCT adult safeguarding team in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

The day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no incidents had been reported to RQIA since the last inspection.

All staff had completed DoLS training appropriate to their job roles; records reviewed clarified training. Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable during discussions.

### 5.2.2 Are their robust systems in place for staff recruitment?

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards; required pre-employment checks were completed before staff members commenced employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with the NISCC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### 5.2.3 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, staff, and HSCT staff. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff training, and staffing arrangements. The manager discussed the current report format and details of the plans to review the engagement process with the senior manager and update the format.

We noted some of the comments made by service users; relatives and staff during the monthly quality monitoring:

#### Service users:

- "Staff are very friendly and nice."
- "The staff look after me well."
- "Staff are lovely."
- "It's good to be back with friends."

#### Staff:

- "Standards are excellent and the staff work well together."
- "I'm well supported in my role."
- "Communication is brilliant."
- "I receive regular supervision."

#### Relatives:

- "I have no issues or concerns."
- "I'm delighted the centre has restarted."
- "It's a lifeline for my \*\*\*\*\*."
- "Communication is good; I can always talk to staff."

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that matters had been actioned.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that one complaint had been received since the last inspection. Records reviewed showed that the complaint was managed in line with the SEHSCT policy and was resolved satisfactorily for the complainant.

The manager confirmed that the centre had received specific recommendations from the Speech and Language Therapist (SALT) in relation to service users' dysphagia needs; this was to ensure that the care provided to service users was safe and effective. Staff were aware of the procedures in place regarding SALT guidance. Reviewed training records showed that all staff had Dysphagia training.

Staff described their role in relation to reporting poor practice and their understanding of the setting's policy and procedure on whistleblowing.

It was established during discussions with the manager that the centre had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

The annual provider report as required by Regulation 17 was available for review. The report was comprehensive and gave a positive overview of the day care setting. The report was incorporated with another centre as they were sharing accommodation at that time due to Covid.

It was positive to note that a number of annual care reviews had been completed and the day care setting must be commended for their actions. We noted some of the comments from service users during their review:

- "I enjoy the craft group."
- "I'm happy with the care provided."
- "I'm happy here."

## 6.0 Conclusion

Based on the inspection findings and discussions held, RQIA is satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

No areas for improvement have been identified during this inspection.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Darren Bradshaw, manager, as part of the inspection process and can be found in the main body of the report.



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