



# Inspection Report

**Name of Service: Towell House**

**Provider: The Towell Building Trust**

**Date of Inspection: 6 & 7 August 2025**

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

## 1.0 Service information

<b>Organisation:</b>	The Towell Building Trust
<b>Responsible Individual:</b>	Mrs Gillian Sarita Brooker
<b>Registered Manager:</b>	Mrs Sarah-Jane Stafford
<b>Service Profile:</b>	
<p>This home is a registered Residential Care Home which provides health and social care for up to 92 residents. The home provides care for residents with physical disabilities and for those needing general residential care.</p> <p>Residents bedrooms are located over two floors in the home. There are communal lounges, dining rooms and an activity room for residents to access. The home has a large external garden for residents to enjoy.</p>	

## 2.0 Inspection summary

An unannounced care inspection took place on 6 August 2025, from 9.30 am to 3.30 pm and on 7 August 2025, from 9.30 am to 3.30 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 3 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Although it was evident that staff promoted the dignity and well-being of residents, there was a concern identified with the management of Adult Safeguarding reporting and recording procedures in the home. This is discussed further in section 3.3.5 of the report.

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.

As a result of this inspection four areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Two areas for improvement were not met and will be stated for a 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 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 told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff treat me very well", "I am happy living here", "staff are very helpful" and "the staff are very nice".

However, some residents shared their dissatisfaction with the dining experience in the home. Comments shared included; "the food is not warm" and "it takes a long time to get served". This was shared with the management team for their review and action and is discussed further in the report in section 3.3.2.

Staff spoke mostly 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.

However, staff also shared their concerns about the management of meal times in the home. These comments were shared with the management team for their review and action and are discussed further in the report in section 3.3.2.

One online survey response was received following the inspection, which raised concerns with staffing levels in the home. These comments were shared with the management team for their review and action and will be reviewed at a future inspection.

Six questionnaire responses were received from residents and relatives following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

### **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 robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

The staff duty rota highlighted that the names of agency staff being used in the home had not been recorded. In addition to this, the duty rota was not always in keeping with best practice guidance, for example; red pen had been used. An area for improvement has been 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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

However, it was observed that staff did not always use person-centred language when discussing resident's needs in relation to their specific dietary requirements; this was brought to the attention of the manager for their action and review.

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.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required. 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 identified a number of concerns. There was limited oversight of the mealtime experience, for example; the lunch was organised into two sittings; however due to lack of effective organisation, the residents who were due to attend the second sitting had to que outside the dining room. Staff had closed the door, inadvertently restricting resident's access to the dining room. Residents told us they were unhappy about waiting. Staff also commented that meal times can be "chaotic". There was a delay in residents being served their lunch and some residents had finished their meal before other residents had been served. It was also noted that some staff were served their lunch before residents. It was evident that staffing levels in the dining room required review. The mealtime experience has been a concern in this home during previous inspections and it was evident that previous areas for improvement are not being consistently sustained. This was discussed with the management team who agreed to carry out a review of the dining experience. An area for improvement has been identified.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home.

### **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.

Care records were person centred, mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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

The home was clean and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings.

It was evident that upgrading and redecoration throughout communal areas in the home was required. For example, there were carpets in communal hallways and flooring in the main dining room that were worn and stained. An area for improvement has been identified.

Observations identified some concerns regarding environmental risk management. For example; hairdressing supplies were left unattended in one of the communal living rooms, which were easily accessible to anyone entering the room. A cleaning store was found to be unlocked with access to cleaning chemicals; presenting as a potential risk to residents and others. There was also anti-bacterial cleaning spray accessible in one of the dining rooms. An area for improvement has been 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.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

### 3.3.5 Quality of Management Systems

There has been no change in the management of this home since the last inspection. Mrs Sarah-Jane Stafford has been the Manager of this home since 13 May 2021.

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

There was evidence that allegations of staff misconduct were not always appropriately managed under the Adult Safeguarding policy and procedures and RQIA were not notified. A discussion took place with the manager and assurances were provided following the inspection to confirm that actions had been taken to address these concerns and notifications were submitted to RQIA and the relevant Trust. Two areas for improvement have been identified.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. However, advice was provided to the manager to consider completing a more in depth dining experience and safeguarding audit following the findings of the inspection. This will be reviewed at a future inspection.

The home was visited each month 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. However, a review of these records highlighted that any actions identified were often carried over from one month to the next. There was also no evidence of any action taken following a safeguarding concern being identified during one visit. An area for improvement has been identified.

Staff and residents' meetings were held regularly and records reviewed demonstrated a comprehensive list of agenda items for discussion. However, no action plans were created following these meetings to evidence the improvements undertaken. Two areas for improvement have been stated for a second time.

## 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>	3	6*

\* the total number of areas for improvement includes two standards that have been stated for a second time

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 Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 August 2025</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>This area for improvement is made with specific reference to the storage of cleaning chemicals and hairdressing supplies</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Supervisions have been conducted with all domestic, kitchen staff and the hairdresser who did not meet expectations in this area. A formal communication has been issued to all staff via email. Moving forward, each Head of Department or their deputy will carry out daily walkarounds every morning, as well as periodic checks throughout the day, to ensure full compliance.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30 (1) (g)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 August 2025</p>	<p>The Registered Person shall ensure RQIA are notified without delay of any allegation of staff misconduct.</p> <p>Ref: 3.3.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Management Team has successfully completed a refresher course in Adult Safeguarding Champion Training in September. In line with this, all management competencies are currently under review to ensure full alignment with safeguarding standards and best practices</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2025</p>	<p>The Registered Person shall ensure that the Regulation 29 monitoring reports are robust and clear on the actions required to drive the necessary improvements in the home.</p> <p>Ref: 3.3.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The CEO will complete monthly monitoring moving forward, Directors will continue with informal monthly visits using their own proforma which will also be kept with the monitoring reports. Relative phone calls will continue as before and narrative to content of phone call will sit alongside the monitoring reports.</p>

**Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)**

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 1.5</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 September 2025</p>	<p>The registered person shall ensure that action plans are created following resident's meetings which include details of the actions agreed, plan to address and areas of concern, who is responsible for the action and the date it is achieved by.</p> <p>Ref: 2.0 &amp; 3.3.5</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 September 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> A new action plan template has been developed and distributed to all staff in managerial roles. Team Leaders are required to conduct resident meetings regularly. Upon completion, they must email the meeting minutes and corresponding action plans to the Registered Person for review, ensuring this area is consistently monitored and met.</p> <p>The registered person shall ensure that staff meeting records include actions identified, person responsible and date to be achieved by.</p> <p>Ref: 2.0 &amp; 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> A new action plan template has been developed and issued to all Executives for use when chairing meetings. Following each meeting, executives are required to email the completed minutes and action plans to the Registered Person for review. This process ensures accountability and helps maintain compliance in this area.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 August 2025</p>	<p>The Registered Person shall ensure that agency staff names are accurately recorded on the staff duty rota and the rota is maintained as per good recording keeping principles.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> All agency staff names are applied in full to duty rotas and same are maintained to the highest standards.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The Registered Person shall conduct a review of the dining experience in the home through consultation with residents, their representatives and staff, in order to identify concerns and plan to address any areas of concern.</p> <p>Ref: 3.3.2</p>

<p><b>To be completed by:</b> 1 October 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> The management team has recently reviewed the dining room experience for residents to enhance both safety and inclusion. We reassessed care staff allocation and adjusted staff meal breaks to ensure they no longer coincide with residents' mealtimes. This change permits all care staff to be available during meal service, improving support and engagement. Residents, staff and some visitors were involved in decision making ensuring all dining preferences are met including the highest standards of meal time safety inline with S.A.L.T. recommendations. This initiative will remain under review, as we have future plans to explore and further improve the dining experience.</p>
<p><b>Area for improvement 5</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be completed by:</b> 1 October 2025</p>	<p>The Registered Person shall complete and submit a time bound action plan to RQIA outlining the plans for refurbishment to the home this should include but is not limited to flooring across the home.  Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Refurbishment action plan for communal spaces has been emailed to the care inspector directly.</p>
<p><b>Area for improvement 6</b>  <b>Ref:</b> Standard 16.4  <b>Stated:</b> First time  <b>To be completed by:</b> 6 August 2025</p>	<p>The Registered Person shall ensure that any suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with local Adult Safeguarding Policy and Procedures.  Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Management Team has completed a refresher course in Adult Safeguarding Champion training. All management competencies are currently under review to ensure that safeguarding responsibilities are fully understood, the reporting structure is clear, and there are no delays in escalating concerns. This topic was discussed in detail during the recent staff meeting and will remain a standing item on future agendas. The Senior Cover File, held by the most senior person on duty, now includes all relevant safeguarding information to support consistent practice.</p>

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



## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

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**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews