The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Towell House**

Provider: **The Towell Building Trust**

Date of Inspection: **26 March 2026**

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

1.0 Service information

Organisation:	The Towell Building Trust
Responsible Individual:	Mrs Gillian Sarita Brooker
Registered Manager:	Mrs Sarah-Jane Stafford
Service Profile: 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. Resident's 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.	

2.0 Inspection summary

An unannounced care inspection took place on 26 March 2026, from 9.15 am to 2.30 pm by two care inspectors.

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 7 August 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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 care was found 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 nine areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Full details, including one new area 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 residents, 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. Resident's comments included "staff are very good", "the staff are patient" and "the staff are very helpful".

Staff spoke 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. Comments shared in relation to recent changes to the rota and staffing levels were shared with the management team for their review and action.

One questionnaire response was received from a resident following the inspection. It 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 mostly good team work and that they felt well supported in their role and that they were mostly 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.

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 and an area for improvement has been identified.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the relevant information about the residents, especially any changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere throughout the home was relaxed. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

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.

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 appeared appetising and nutritious.

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, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. However, advice was provided to the manager to ensure that for any resident requiring enhanced care, specific details of this are recorded in the care plan. This will be reviewed at a future inspection.

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, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents.

It was positive to note that work had been completed and was ongoing in parts of the home to ensure the environment was maintained and decorated to a good standard. The environmental action plan was shared with RQIA for review. RQIA are satisfied that this plan is being continuously monitored by management in the home and kept under regular review.

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.

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. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Sarah Jane Stafford, 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 Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)

Area for improvement 1 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 1 June 2026	The Registered Person shall ensure that all staff are trained in the use of respectful communication and person centred language and that this training is embedded into staff practice. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered person will ensure, all staff receive training in respectful communication and person centred language, and that this training is fully embedded into everyday practice. To ensure this, we have implemented the following measures: Mandatory induction training for all new staff, covering dignity, respect, communication standards, and person centred care. Annual refresher training to reinforce expectations and maintain consistent standards across the team. Staff surveys issued to assess staff understanding of respectful communication and person centred language, with results used to shape further training and support. Supervision and competency checks where communication practice is observed, discussed, and strengthened. Team meetings used to share good practice, address concerns, and reinforce person centred values. Care plan audits to ensure all written documentation reflects person centred, strengths based language. Quality monitoring to track compliance and implement improvements promptly. The registered person and management team remain fully committed to fostering a culture where respect, dignity, and person centred practice are consistently demonstrated by all staff. Training, supervision, and feedback mechanisms ensure these standards are not only taught but lived out in daily interactions with residents.

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The Regulation and Quality Improvement Authority

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