

Inspection Report

Name of Service: Towerview Resource Centre

Provider: South Eastern HSC Trust

Date of Inspection: 5 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:	South Eastern HSC Trust
Responsible Individual:	Ms Roisin Coulter
Registered Manager:	Mr Darren Bradshaw
Service Profile: Towerview Resource Centre is a Day Care Setting located in Newtownards that provides care and daytime activity programmes to people who have a range of health conditions.	

2.0 Inspection summary

An unannounced inspection took place on 5 August 2025, between 10.00 am and 4.00pm 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 area for improvement identified, by RQIA, during the last care inspection on 30 August 2024. In addition, it 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. It was evident that staff promoted the dignity, independence and well-being of service users.

Service users were observed to be relaxed and comfortable in the surroundings and in their interactions with staff. Service users indicated that they enjoyed coming to the day care setting. Refer to Section 3.2 for more details.

An area for improvement identified during the previous inspection was assessed as having been addressed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

We would like to thank the manager, service users and the staff team for their support and co-operation during the inspection.

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 Quality Improvement Plan issued at the previous inspection, registration information, and any other written or verbal information received from service users, relatives or staff.

Throughout the inspection process inspectors will seek the views of those attending, working and visiting the day care setting, review/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

We spoke with a number of service users and staff to seek their views of attending and working within the day care setting.

Service users spoke positively about their experience of attending the day care setting; they said they enjoyed attending the day care setting and that the staff were very attentive. Comments included the following statements; "Love it here, wish I could come every day."; "Staff are good, food is great." and "I enjoy the company and have no complaints".

Observations of staff interactions with service users was noted to be person centred, respectful and caring.

Staff told us that they were satisfied that the care and support was safe, effective, compassionate. Staff spoke very positively in relation to care delivery in the day care setting. Staff stated that service users were well looked after. Staff indicated that they were supported by the manager. A matter raised by one staff member in regards to an employment issue was discussed with the manager for further follow up.

Returned questionnaires indicated that the respondents were satisfied with the care and support provided. Written comments included: ", Everybody is friendly, I love it here."; "Staff make me feel safe."; "Great Care from everyone in the centre."

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

There was evidence that required pre-employment checks, including Access NI checks had been completed prior to any new staff commencing employment and having direct engagement with service users.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

There was evidence that checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). The manager monitors professional registrations on a monthly basis, and a record is retained of checks completed. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. A spot check completed during the inspection indicated that staff were appropriately registered.

The day care setting has maintained a record for each member of staff of all training undertaken. Records viewed indicated that staff had completed required training. The manager and a senior manager monitor training compliance levels of staff on a monthly basis.

Immediately following the inspection, competency assessments were completed by those staff required to be in charge in the absence of the manager. This is to ensure that they were competent in their roles and responsibilities.

Staff said there was good teamwork and that they felt well supported in their role by the manager.

It was identified that there are no volunteers supporting within the day care setting.

It was noted that a small number of staff appraisal were due and dated had been planned.

3.3.2 Care Delivery

The manager advised that staff participated in a daily meeting at the beginning of each shift; this enabled them share information about any changes to the service users' care and support.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. Observation of the lunchtime meal, review of records and discussion with service users, staff and the manager evidenced that there were robust systems in place to manage service users' nutrition and mealtime experience.

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. Service users are supported to access activities of their own choice. Observations of service users taking part in activities on the day of inspection found that participation was enthusiastic and that staff encouraged and supported service users to actively participate.

Staff interactions with service users were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

It was positive to note that the Service User Meetings are facilitated in the form of a Forum and a number of service users attend. Some matters discussed included activities, transport arrangements and meals.

There was evidence of a process in place for staff to follow where service users were found not to be at home. There is a robust system in place whereby staff completed a check of the transport vehicles after each journey to ensure that every service user had safely exited the bus.

3.3.3 Management of Care Records

Care records were retained electronically and were noted to be person centred, well maintained, regularly reviewed and updated to ensure they reflected the needs of the service users. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their care and the details of care plans were shared with their relatives, if this was appropriate.

Care plans reflected a good understanding of service user's needs, including relevant assessments of service user's communication support and sensory needs. Care records contained details relating to any Deprivation of Liberty Safeguards (DoLS) in place.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives.

3.3.4 Quality of Management Systems

Mr Darren Bradshaw has been the manager in this day care setting since 5 March 2009. Those consulted with commented positively about the manager and described him as supportive and approachable.

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, relatives, staff and Health and Social Care (HSC) Trust representatives. The reports included details of a review of service users' care records; accident/incidents; complaints; staffing arrangements including recruitment and training, and the environment. An action plan is included.

The day care setting's governance arrangements for the management of accidents/incidents were reviewed. It was noted that there was a robust incident/accident reporting policy and system in place. Staff are required to record any incidents and accidents on an electronic database, which is then reviewed and audited by the manager and the Trust's governance department. A review of a sample of incident records evidenced these were managed appropriately.

Discussions with the manager and staff established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting and managing adult safeguarding concerns.

The manager advised that no referrals had been made since the last inspection in regards to safeguarding.

Discussion with the manager evidenced that a small number of complaints had been received since the previous inspection; records viewed indicated that they had been managed appropriately. There was evidence from records viewed that there was a system in place for recording information in relation to complaints received, the investigation and any actions taken. Discussion with staff confirmed that they knew how to receive and respond to complaints and were aware of their responsibility to report all complaints to the manager or the person in charge. The manager advised that they had completed training in regards to investigation of complaints.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The Annual Quality Report was reviewed and was noted to be satisfactory; it included stakeholder feedback.

The day care setting's registration certificate was up to date and displayed appropriately.

3.3.5 Quality and Management of the Environment

Observations of the day care setting noted it to be clean and tidy, suitably furnished, warm and comfortable and free of clutter.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the day care setting was safe to attend.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

A Fire Risk Assessment had been completed on 10 August 2023 and actions had been taken to address identified risks. There was evidence that required fire safety checks had been completed. In addition, staff had completed training in regards to fire safety and had participated in a fire evacuation drill. Throughout the inspection, fire doors were observed to be unobstructed.

4.0 Quality Improvement Plan/Areas for Improvement

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



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