The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Bayview Resource Centre

Provider: South Eastern HSC Trust

Date of Inspection: 30 October 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/Responsible Person:	Ms Roisin Coulter
Registered Manager:	Ms Lynn McQuillan
Service Profile: Bayview Resource Centre is a purpose-built Day Care Setting with places approved for up to 60 adults. Service users have a range of assessed needs in one or more categories of physical disability, dementia, illness or sensory impairment.	

2.0 Inspection summary

An unannounced inspection was undertaken 30 October 2025 between 10.30 a.m. and 3.45 p.m. by a care Inspector.

The last care inspection of day care setting was undertaken on 12 November 2024 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and 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. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as ensuring notifiable events are appropriately reported in line with statutory requirements.

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

Service users said that the care and support provided by Bayview Resource Centre was a good experience. Refer to Section 3.2 for more details.

Full details, including 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 Bayview Resource Centre 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, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those attending, working in, and visiting the day care setting; and 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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Bayview Resource Centre actively sought opinions and views of service users frequently and through diverse means such as surveys, service user meetings, feedback from the service user forum and committee. Service users consulted confirmed that they felt listened to by staff and that they held an active role in structuring the service delivered by the day care setting.

Service users stated that they felt able to discuss any concerns they had with staff. Service users told us that they found the Registered Manager and staff to be "very helpful". With one individual describing the staff as "all so lovely".

It was great hearing that service users gained a sense of purpose via attending Bayview Resource Centre. We were told by service users that they enjoyed the opportunity to socialise and interact with others. Service users were observed to be smiling and laughing during bingo and arts and crafts activities. Some service users commented that they would like more community outings. This information was shared with the Registered Manager during feedback.

One service user advised how attendance at Bayview Resource Centre had assisted them in processing their grief. Attendance provided structure to their day, opportunity to engage with others and participation in meaningful activities "helped build confidence", "enhanced independence" and ultimately brought about improvement in their mood.

Service users were complimentary of transportation staff. All service users consulted with were highly complimentary about kitchen staff and the quality of food provided by the day care setting. Service users told us that the "food is excellent" and that they miss the chef whenever they is absent.

Service user representative stated that they were happy with the environment, which they found to be “very welcoming”. They commented positively about the range of activities offered. One next of kin described Bayview Resource Centre staff as “brilliant” and also specifically mention the bus drivers who they advised “are very good at their job”.

Staff spoken with were very happy within their roles. They told us that they felt there was effective teamwork amongst all employees and that they were “a good wee team” who supported each other “and this makes the difference”. The staff spoke about a culture that facilitated and promoted continuous learning, where colleagues and the Registered Manager worked collaboratively.

Staff confirmed that they felt training was appropriate and benefited them within their roles. In discussion with staff they spoke knowledgeably about service users and interventions prescribed to ensure their safety. They were able to advise as to processes and procedures relating to the management of incidents and/or safeguarding concerns.

Staff were highly complimentary of the Registered Manager advising that their leadership had “set the tone” of the day care setting. They felt the Registered Manager was invested in the service and sought every possible means to bring about improvements in the lives of the service users. Staff, in reference to the prospective retirement of the Registered Manager advised that they would be sorely missed by them, service users and their families.

Staff expressed a sense of pride in the team as well as the “high standard” of care they felt was provided to those who attended Bayview Resource Centre.

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 service users. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role by both the Registered Manager and their colleagues. Staff advised there was clear allocation of tasks assigned and as such all members of the team were aware as to expectations for the day ahead. Observation of the delivery of care evidenced that service users’ needs were met by the number and skills of the staff on duty and staff responded to requests for assistance promptly in a caring and compassionate manner.

There was evidence that staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council’s (NISCC) Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency’s policies and procedures. There was a robust, structured induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person’s capability and competency in relation to their job role.

An additional competency assessment was also evident for those staff expected to act up in the absence of the Registered Manager. This competency assessment reviewed skills under themes such as leadership, management of the environment, safe handling of finances and service user medications.

Review of training records identified that the majority of training elements had been provided to staff. There was evidence of frequent review of staff training compliance, with dates of face to face training needed booked in advance. It was also positive to find that training was a set agenda item for team meetings as this ensured all staff had an awareness as to upcoming training sessions available.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development and stated that the Registered Manager had promoted the development of their skills and knowledge which would enable them to progress to senior positions.

Staff confirmed that they were able to discuss and review their personal objectives during supervision which they stated they receive on a regular basis. Review of records evidenced that supervision took place more frequently than is recommended in the minimum standards.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care, which the staff needed to assist them in their roles. Throughout the day observation confirmed that staff attended safety briefings prior to mealtimes to ensure good communication across the team about changes in service users' needs. The safety pause was found to be well led, communication was concise and exact which aided mealtimes run efficiently.

There was evidence of regular staff meetings and of staff adding items to the agenda for discussion. Examples of team meeting minutes reviewed evidenced meaningful discussions about an array of topics such as environmental matters, planning for upcoming events and activities and record keeping. It was also positive to find regular discussions had occurred regarding service user matters such as recommended eating, and drinking swallowing guidance, allergen information and changes to service users' plans.

There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. The activities records were reviewed on a regular basis by the Registered Manager. Service users were also found to contribute to review of activities offered by the day care setting with their views, opinions and suggestions recorded within minutes of service user meetings.

Service users' needs were met through a range of activities such as arts and crafts, boccia, bowling, sit and get fit, gardening, cookery, reminiscence, hair and beauty, men's shed and community outings. There was evidence that service users had engaged in outings to hotels for lunch, locations of natural beauty for walks and relaxation and various shopping centres.

It was positive to find that one Bayview Resource Centre staff member had received additional training to become a dementia champion and as such was able to tailor activities to those

affected by dementia. Other staff were qualified in dance, aromatherapy and piano, skills for which they utilised to provide diverse and varied activities to the service users.

Multiagency working was also evident for the benefit of service users for instance review by physiotherapy as per referral, dental clinic that is offered on approximately an annual basis as well as breast, cervical and bowel screening.

Staff interactions with service users were observed to be friendly and supportive. Observations evidenced that staff were responsive and attentive to service user's needs, encouraging participation and engagement. Service users appeared comfortable and relaxed in the company of staff, and were observed engaging positively in conversations and sharing laughter.

3.3.3 Management of Care Records

Service users care records were held confidentially in line with data protection regulations.

Service users' needs were assessed when they were first referred to the day care setting and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Review of records identified that service user's consent was sought in relation to the staff contacting/requesting information from other healthcare professionals on their behalf. Service users were given the choice as to who they wished to invite to their scheduled day care setting reviews and their preferences were clearly recorded.

A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. It was positive to find electronic signatures of service user evident on records.

Care records were found to be person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. The Registered Manager illustrated a comprehensive knowledge of the electronic healthcare record system, Encompass, utilised by the Trust with respects to service user records. Capabilities in terms of usage of this system was evident across the team, with staff able to easily retrieve and locate plans relating to individuals such as recent speech and language therapist (SALT) assessments, deprivation of liberty safeguards (DoLS) documentation and evidence of communication with allied health professionals ~~following up upon~~ regarding changes in service users presenting needs and/or risks.

Where a service user was at risk of falling, measures to reduce this risk were put in place. Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed.

Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. Any service user subject to authorised Deprivation of Liberty Safeguards (DoLS) had their care plan reviewed by an HSC professional annually to ensure that they were not used disproportionately or for longer than is necessary. Any changes to the DoLS were communicated to the manager and updated documents shared and stored within the service users care records. A central register was in place to enable tracking of any DoLS due for review.

3.3.4 Quality and Management of the Environment

Bayview Resource Centre was found to be modern, spacious, clean and tidy. The foyer although large was welcoming, with lots of useful information leaflets readily available to service users and visitors. Wall displays included posters advising of upcoming events in the local community as well as free services for which service users could avail of. A pictorial staffing structure was evident advising as to the name and role held by each team member.

A unique area was observed to contain items of clothing, books, records to name a few for which service users could avail of. These were items donated to the centre either by service users themselves, their representatives or those in the community.

All areas throughout the day care setting were found to be suitably furnished whilst pathways were free of hazards and wide enough to facilitate mobility aids and/or equipment. The expansive dining area was filled with natural light however, the positioning of the furniture prompted socialisation and engagement with others. There was adequate room to facilitate a choice of activities at the same time

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 and staff practice to ensure compliance. Sanitisation stations were observed in various areas throughout the day care setting enabling easy access to personal protective equipment (PPE) as required.

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

There was evidence of regular fire safety checks being conducted by the day care setting. A fire risk assessment had been completed on 23 September 2024. Records also demonstrated service user and staff participation in a fire evacuation drill undertaken on 24 April 2025. Individuals had personal emergency evacuation plans (PEEPs) in place. Fire signage was apparent throughout the day care setting and throughout the inspection fire doors were observed to be unobstructed.

3.3.5 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Ms Lynn McQuillan has been the manager in this day care setting since 20 May 2009 .

Those staff consulted with commented positively about the manager describing her as an "excellent manager" who they have found to be supportive, empathetic and motivational. Ms Lynn McQuillan was viewed as a manager was committed to continual service improvement and as a result invested in the development of staff. Staff explained how her dedication to the service users positively impacted their own professional practice.

There were processes and procedures in place which ensured that any complaints received were appropriately managed.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process. It was however identified that some notifiable events had not been reported to RQIA. This was identified as an area for improvement.

There was a protocol in place for staff to follow where service users did not attend as planned. It was also positive to note that there was a robust system in place to ensure service users had safely exited the bus at the end of each journey. An escort was available to service users whilst on the bus.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The day care setting was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the day care setting. The reports of these visits were found to lack detail of review of specific areas of practice such as safeguarding, service user records, recruitment practices, restrictive practices and deprivation of liberty. This was discussed with Trust representatives who provided assurances that the quality monitoring template utilised for day care settings would be reviewed to ensure consistency in quality monitoring across all service types. This will be reviewed at a future inspection.

The annual quality report was reviewed and noted to include an update on actions taken in response to feedback received. It was positive to find a summary of achievements contained, an overview of activities and outings undertaken as well as partnership working occurring with the likes of Arts Care. It was also positive to find service specific objectives outlined in respects for Bayview Resource Centre for the year ahead had been included.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Lynn McQuillan, Registered 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 29.-(1)(a)(b)(c)(d)(e)(f)(g) **Stated:** First Time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure all notifiable incidents are reported as required to relevant organisations in compliance with Regulations and Statutory Guidance. Ref: 3.3.5
	Response by registered person detailing the actions taken: •The Registered Manager will ensure going forward that all notifiable incidents are reported as required. •The Registered Manager has communicated this to the senior team at a recent team brief and has completed refresher training with this team regarding the uploading of all reportable incidents onto the RQIA web portal and has checked that the senior team have their correct log in details for same. •The Registered Manager has circulated Statutory Notification of Incidents and Deaths Guidance (version 1.1 January 2023) as a team circular which all senior staff have read and signed. •A notifiable incident tracker has been added to the service fortnightly accountability report to ensure oversight of all incidents.

Please ensure this document is completed in full and returned via the Web Portal

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