The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Ards Training and Resource Centre (TRC)**

Provider: **South Eastern Health and Social Care Trust (SEHSCT)**

Date of Inspection: **25 August 2026**

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

1.0 Service information

Organisation:	South Eastern Health and Social Care Trust (SEHSCT)
Responsible Person:	Ms. Roisin Coulter
Registered Manager:	Mrs. Patsie McManus (Acting)
Service Profile – Ards Training and Resource Centre is a Day Care Setting located in Newtownards. The day care setting provides care and day time activities for up to 50 service users with Learning Disabilities. SEHSCT commissions the service.	

2.0 Inspection summary

A care Inspector completed an unannounced inspection on 25 August 2026 between 12.45 pm and 4.30 p.m.

The last care inspection of the day care setting was undertaken on 13 June 2025 by a care Inspector. The Inspector did not identify any Areas for Improvement during this inspection.

This inspection was undertaken to evidence how Ards Training and Resource Centre 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 managed.

To that end, the inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The Inspector also examined the processes for reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management.

The Inspector identified good practice in relation to monthly quality monitoring, staff rota, training records, individualised activity plans and feedback from service users, staff and relatives. There were good governance and management arrangements in place.

The Inspector did not identify any Areas for Improvement during this 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 Ards Training and 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.

Throughout the inspection process, inspectors seek the views of those working for or receiving support from the day care setting; and 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 day care setting?

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

Service users who spoke with the Inspector gave very positive feedback. One service user stated that that 'it's good here'. Another commented that 'I really like the staff. They are all nice to me'. Another stated that 'I like it here'. Throughout the inspection, the Inspector noted that all service users appeared very happy and relaxed. There appeared to be good communication and positive rapport between staff and service users.

Several members of staff on duty gave very positive feedback about the day care setting, the support provided by the manager and how much they appreciated that support. One stated that 'I love it here. Everyone works together. It's a great team'. Another commented that 'I love it here. I started in 2024 as a Band 3 and the induction and shadowing were great. The manager is very supportive'. Another stated that 'I have worked here for ten years. I love it'.

Relative of service users gave very positive feedback. One stated that 'I love this place. My relative is looked after so well. It's a great place'. Another stated that although she had experienced some issues, the current manager had sorted them all and her relative was very happy. Another stated that 'the service is brilliant. I had one issue which was resolved and I was very happy with the outcome'.

One visiting professional who spoke with the Inspector commented that 'I would carry out reviews at Ards TRC and the staff there are always very co-operative, approachable and open with communication. The service users' needs are always a priority and the staff provide a great service. They provide a wide variety of activities and therapies both in the centre and within the community'.

Feedback from questionnaires indicated that both service users and relatives were satisfied or very satisfied with the care and support in Ards TRC.

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.

Recruitment for the day care setting is managed regionally through Recruitment Shared Services (RSS) which is part of the Business Services Organisation (BSO). The Inspector subsequently confirmed, by reviewing records on the Amiqus system, that all pre-employment checks, including criminal records checks (AccessNI), were completed before members of staff commenced employment and had direct engagement with service users. The manager was knowledgeable in this area.

The manager confirmed that one new member of staff had been recruited since the last inspection.

There was evidence that this member of staff, along with all others, 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 day care setting's policies and procedures. There was a robust, structured, induction programme, which also included shadowing of a more experienced staff member. This was confirmed by the Inspector when speaking to staff.

Checks were made to ensure that staff were appropriately registered with the (Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. The Inspector viewed the monthly matrix. The Inspector spoke with staff who confirmed that they were aware of their responsibilities to keep their registrations up to date.

Records of all staff training were retained and the manager reported that both herself and one of the senior day care workers maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia etc., at a level appropriate to their job roles. Staff confirmed that they were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge. The Inspector reviewed the training matrix and confirmed that the majority of training was up to date. Where training was about to expire, the day care setting had booked updates.

Procedures were in place for appraising staff performance and staff confirmed that they received regular supervision. Records evidenced that appraisals had been completed on an annual basis.

The day care setting held staff meetings every month and retained the minutes.

3.3.2 Care Delivery

The Inspector confirmed that staff met the needs of service users' through a broad range of support activities located in several rooms. The day care setting promotes the independence of the service users. The Inspector was reassured to note that the communication between service users and staff was extremely positive and staff appeared to have in-depth knowledge of the service users' needs and personalities. The Inspector was pleased to note that each service user had an individualised activity programme in their care plan. Service users reported that staff consulted them about the activities they preferred, ensuring their views informed and shaped day care activities. The Inspector viewed the extensive programme of day care activities for service users.

The Inspector viewed records of regular service user meetings which were held by the day care setting.

3.3.3 Management of Care Records

The Inspector reviewed care records on the Epic system and found them to be person-centred, well maintained, regularly reviewed by nominated support workers, and updated to ensure they continued to meet the service users' needs. The Inspector has already noted the individualised activity plans. The support workers reviewed support plans monthly and care records evidenced this. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Where service users required dietary modification, care plans reflected the Speech and Language Therapy assessment.

The manager confirmed that none of the service users was subject to Deprivation of Liberty Standards (DoLS). The manager stated that the SEHSCT was actively reassessing all DoLS cases within the trust with a view to these being downgraded from Deprivation of Liberty to Restriction of Liberty. The Inspector viewed documentation to this effect. The day care setting kept a DoLS folder for staff to reference if required.

There was a policy in place for the use of restrictive interventions. However, the manager reported that there were no current service users who were subject to this type of intervention.

3.3.4 Quality of Management Systems

The Inspector reviewed of a sample of monthly monitoring reports, which evidenced that a robust system for reviewing the quality of care and staff practices was in place. The Inspector reviewed the reports and confirmed that these included engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of the care records of service users; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Inspector reviewed the day care setting's process for the management of complaints and noted that the day care setting had received one complaint since the last inspection. The Inspector confirmed that this had been handled appropriately. The manager confirmed that learning from the complaint had been shared with the whole staff team. The manager commented that all staff receive Stage 1 complaints training. The manager and senior day care staff undertake further complaints training in the model for complaints handling, which has been developed by the Office of the Northern Ireland Ombudsman.

The Inspector's review of incident records, which are completed via the SHSCT datix system, identified that the manager had managed these appropriately. There was evidence that the manager audited incidents on a regular basis, to establish any patterns/trends. The day care setting also reviewed incidents as part of the monthly quality monitoring process.

The Inspector viewed the annual quality report, which included stakeholder feedback.

The Inspector confirmed that the day care setting had very effective systems and processes in place to manage the safeguarding and protection of adults at risk of harm. There was a nominated Adult Safeguarding Champion (ASC). The day care setting had managed one safeguarding incident since the last inspection. The Inspector confirmed that this had been handled appropriately and had subsequently been closed. The Inspector was able to cross-reference the safeguarding incident with the datix incident. The manager was aware of the need to notify RQIA of any incidents, which involve the Police Service of Northern Ireland (PSNI).

A fire risk assessment had been completed for the day care setting. There was evidence that staff completed fire safety checks as required. Staff had completed training in fire safety and had participated in a fire evacuation drill. The Inspector noted that there were some parts of the building in need of repair and the manager commented that a business case had been submitted to replace the building.

4.0 Quality Improvement Plan/Areas for Improvement

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector discussed the findings of the inspection with Mrs. Patsie McManus (Acting Registered Manager) and the person in charge as part of the inspection process. These can be found in the main body of the report.

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